


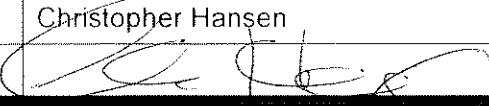
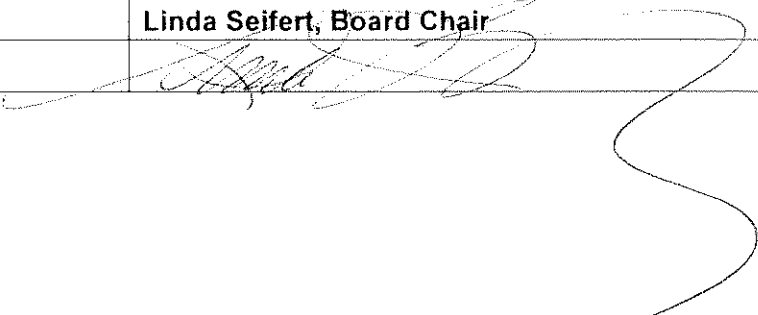
## **Solano County California Child and Family Services Review System Improvement Plan**

**SIP report: Submitted December 21, 2012**

Department of Health and Social Services Child Welfare Services  
Division,  
Solano County Children's Alliance and Juvenile Probation Services

Submitted to the California Department of Social Services

## California's Child and Family Services Review System Improvement Plan

<b>County:</b>	<b>Solano County</b>
<b>Responsible County Child Welfare Agency:</b>	Solano County Child Welfare Services
<b>Period of Plan:</b>	<b>2013 - 2018</b>
<b>Period of Outcomes Data:</b>	
<b>Date Submitted:</b>	DECEMBER 21, 2012
<b>Name:</b> Linda Orrante	
<b>Title:</b>	Director
<b>Address:</b>	Solano County Child Welfare Services, 275 Beck Ave., Fairfield, CA. 94533.
<b>Fax:</b>	Fax: 707-421-7709
<b>Phone &amp; E-mail:</b>	Phone: 707-784-8331 Email: lsorrante@solanocounty.com
<b>Submitted by:</b>	<b>Linda Orrante, Director</b>
<b>Name:</b>	Linda Orrante
<b>Signature:</b>	
<b>Submitted by:</b>	<b>Christopher Hansen, Chief Probation Officer</b>
<b>Name:</b>	Christopher Hansen
<b>Signature:</b>	
<b>BOS Approval Date:</b>	<b>12/11/2012</b>
<b>Name:</b>	<b>Linda Seifert, Board Chair</b>
<b>Signature:</b>	

## Required Core Representatives

Name	Affiliation
Louise Harris, Aldea	Child Abuse Prevention Council (CAPC), also acting as Children's Trust Fund (CCTF) Commission
Gloria Diaz	Children's Trust Fund Commission
Linda Orrante	County BOS designated agency to administer CAPIT/CBCAP/PSSF Programs
Nancy Calvo	County Public Health Department
Michael Kitzes	County Mental Health Department
Debbie Powel	CPS Managers
Erica Mitchell	CPS Supervisors
Maurice Shaw	CPS Social Workers
Karl Porter	CAPIT/CBCAP/PSSF Liaison
Kareena Blackmon	Foster Youth/CYC
Judge Robert Fracchia	Juvenile Bench Officer and court staff
Sabrina Champion	Parent/Consumers
Lisa Wamble	Probation Manager
Dean Wilder	Probation Supervisor
Nilsa Carter	Probation Officer
Rosemary Kennedy	Family Supportive Collaborative
Sheri Justice-Cook	Resource Family

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## **A. Introduction to the Solano System Improvement Plan**

### **Background – Child and Family Services Review**

In 1994, amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs' conformity with the requirements in Titles IV-B and IV-E of the SSA. In response, the Federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) nationwide in 2000. It marked the first time the federal government evaluated state child welfare service programs using performance-based outcome measures in contrast to solely assessing indicators of processes associated with the provision of child welfare services. California was first reviewed by the Federal Health and Human Services Agency in 2002 and began its first round of the CFSRs in the same year. Ultimately, the goal of these reviews is to help states achieve consistent improvement in child welfare service delivery and outcomes essential to the safety, permanency, and well-being of children and their families.

### **California Child and Family Services Review (C-CFSR)**

The California Child and Family Services Review (C-CFSR), an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), was passed by the state legislature in 2001. The goal of the C-CFSR is to establish and subsequently strengthen a system of accountability for child and family outcomes resulting from the array of services offered by California's Child Welfare Services (CWS). As a state-county partnership, this accountability system is an enhanced version of the federal oversight system mandated by Congress to monitor states' performance, and is comprised of multiple elements.

### **Quarterly Outcome and Accountability Data Reports**

The California Department of Social Services (CDSS) issues quarterly data reports which include key safety, permanency and well-being outcomes for each county. These quarterly reports provide summary-level federal and state program measures that serve as the basis for the C-CFSR and are used to track performance over time. Data are used to inform and guide both the assessment and planning processes, and are used to analyze policies and procedures. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes or performance with federal and state outcomes helps staff to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options. In addition, this reporting cycle is consistent with the notion that data analysis of this type is best viewed as a continuous process, as opposed to a one-time activity for the purpose of quality improvement.

### **County Self-Assessment and Peer Review**

The County Self-Assessment (CSA) is a comprehensive review of each county's Child Welfare Services (CWS) and affords an opportunity for the quantitative analysis of child welfare data. Embedded in this process is the Peer Review (PR), formerly known as the Peer Quality Case Review (PQCR). The design of the PR is intended to provide counties with issue-specific, qualitative information gathered by outside peer experts. Information garnered through intensive case worker interviews and focus groups helps to illuminate areas of program strength, as well as those in which improvement is needed.

In May 2012, Solano County completed its third Peer Review. Though Solano County Child Welfare Services retains overall accountability for conducting and completing this assessment, the process also incorporates input from various child welfare constituents and reviews the full scope of child welfare and juvenile probation services provided within the county. The CSA is developed every five years by the lead agencies in coordination with their local community and prevention partners, whose fundamental responsibilities align with CWS' view of a continual system of improvement and accountability. The CSA includes a multidisciplinary needs assessment to be conducted once every five years, and requires Board of Supervisor (BOS) approval. Largely, information gathered from both the CSA and the PR serves as the foundation for the County System Improvement Plan.

### **System Improvement Plan**

Incorporating data collected through the PR and the CSA, the final component of the C-CSFR is the System Improvement Plan (SIP). The SIP serves as the operational agreement between the county and state, outlining how the county will improve its system to provide better outcomes for children, youth and families. Quarterly county data reports, quarterly monitoring by CDSS, and annual SIP progress reports are the mechanism for tracking a county's progress. The SIP is developed every five years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific action steps, timeframes, and improvement targets and is approved by the BOS and CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe including prevention strategies. Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes. The SIP is updated yearly and thus, becomes one mechanism through which counties report on progress toward meeting agreed upon improvement goals.

The Solano County 2013 - 2018 System Improvement Plan (SIP) report includes two parts as prescribed, in addition to this narrative:

Part I – This section of the SIP includes the CWS/Probation narrative, the SIP matrix and the Child Welfare Services Outcome Improvement Project (CWSOIP) narrative. This section of the SIP explains the basis for how outcomes targeted for improvement and program development were selected by Child Welfare Services and Probation for the 2012-2017 SIP. The matrix specifically outlines the outcome improvement goals, strategies, action steps, timelines and person responsible for the strategy.

Part II – This section focuses on community child abuse prevention efforts and includes the CAPIT/CBCAP/PSSF narrative and five year plan to meet the requirements for counties seeking CAPIT/CBCAP/PSSF funds administered through OCAP.

This SIP process would not have been possible without the assistance and contributions of all stakeholders that participated in any or all of the activities that informed this process. A complete list of all SIP participants is included in this report. As required, the 2012-2017 County SIP and CAPIT/CBCAP/PSSF 5-Year Plan is being submitted to the Board of Supervisors (BOS) for approval prior to the final submission to the CDSS. Board approval verifies that public, private and community partners were involved in the development of these reports.

## SIP Narrative

### *SIP Process*

The 2012 Peer Quality Case Review (PQCR) addressed the focus area of *Placement Stability* for Child Welfare Services because it is a priority for the County to ensure children maintain a stable placement. Probation chose to address exits to permanency for their youth transitioning from foster care. The PQCR gathered information utilizing interviews, focus groups, literature review and data analysis.

In April and May 2012, Solano County initiated the County Self-Assessment (CSA) process to evaluate the effectiveness of child welfare services as well as of the OCAP funded prevention services provided to families in our community. A group of stakeholders came together including agency staff from Child Welfare Services and Probation, community partners, stakeholders and partners from the California Department of Social Services. The charge to the group was to review and analyze performance data, identify strengths and challenges and offer recommendations.

The CSA process consisted of discussion regarding county demographics; participation rates in child welfare and probation; safety, permanency and well-being outcomes; public agency collaborations; service array and agency responsiveness to the community. It was viewed through the lens of prevention, intervention and treatment across the continuum of care.

In July 2012, the System Improvement Planning process was initiated. An internal meeting was conducted with staff to review the PQCR and CSA information and outcomes for inclusion in the SIP were identified. A stakeholder meeting was conducted which was attended by staff, probation, the First Five Commission, California Department of Social Services, and other stakeholders. Each outcome that had been identified for inclusion in the SIP was discussed to identify strategies. This information was taken back to the agency and a process utilized to further hone the strategies to be included in this plan. Data was used in the PQCR, CSA and SIP to inform the processes.

The data used for the CSA was obtained from the AB636 Quarter 3 2011 Data Report accessed through the CDSS website, <http://www.childsworld.ca.gov/res/CtyReport/>. Data was also extracted from the following resources:

The Center for Social Services Research: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-

Alamin, S., Winn, A., Lou, C., & Peng, C (2009). *Child Welfare Services Report for California*. Retrieved June 2010, from University of California at Berkeley Center for Social Services research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Children's Research Center SafeMeasures® Data. *Solano County, CFSR Composite Reports* Retrieved from Children's Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>

**Selection of Outcomes**  
**Needing Improvement**

CDSS recommends that counties choose three to four outcomes or systemic factors for specific improvement strategies in the SIP. All of the other outcomes that are not listed in this plan will continue to be monitored by both our agency and the California Department of Social Services at least quarterly. If a concerning situation arises, a plan will be put in place quickly to address that outcome. It should be noted that a specific strategy, although listed in one specific outcome area can affect numerous outcomes.

Our county chose the following outcomes to focus on for our 2013-2018 SIP:

**Child Welfare:**

1. S 1.1: Safety Outcome Measure - No Recurrence of Maltreatment
2. C1.3 Reunification within 12 months (entry cohort)
3. PR. Participation Rates; Substantiation Rates
4. C4.1 Placement Stability (8 days to 12 months in care)

**Probation:**

1. C1.3 Reunification within 12 months (entry cohort)
2. C3.3 In care three years or longer (emancipated/Age 18)

The CSA process clearly identified the unmet needs for the families in Solano County. In going forward it is recognized that it is unlikely that a significant amount of additional funding will occur. The following areas have been identified to be included in the SIP:

**Child Welfare:**

- Continue Permanency Team Meetings
- Increase relative placements and Family Finding efforts -
- Expand services for adoption promotion and support
- Enhance supportive services for kinship families
- Provide services to clients about available resources in the community
- Increase family support services to include behavioral health services for families



- Provide primary preventative services for at risk youth in the community

**Probation:**

- Train placement officers in family finding efforts and increasing relative placements
- Educate relatives in permanency options
- Educate Deputy Probation Officers (DPOs) in understanding guardianship for permanency and/or relative placements
- Educate minors in local resources earlier in the placement process to establish Independent Living Program (ILP) connections upon return to community
- Increase family support services to include behavioral health services for families

The goal for each of these outcomes is to meet or consistently maintain the Federal Standards by 2018.

*Current Activities in  
Place  
Or  
Partially  
Implemented*

The following activities have been implemented as part of the current SIP 2010-2013:

**Child Welfare Services:**

**S1.1 No Recurrence of Maltreatment**

1. Strengthen collaboration between CWS and FRC Network
2. Continue to build agency support for Structured Decision Making (SDM) program model
3. Continue to build agency and community support for Team Decision Making (TDM) meetings
4. Continue to provide intensive short-term (30 day) case management in ER
5. Continue to provide Voluntary Family Maintenance services for up to six months
6. Continue to ensure that referrals are made to Family Resource Centers (FRCs), Catholic Social Services, Mental Health, Domestic Violence resources and Substance Abuse to address issues which contribute to recurrence of maltreatment.
7. Collaborate with clients and service providers to assure that clients have an adequate after care plan to prevent recurrence of maltreatment and/or entry/re-entry to care

C3.3: Exits to Permanency: In care 3 years or longer

1. Strengthen use of Family Finding and other such search tools
2. Implement a plan for improved concurrent planning
3. Developed an Adoption Unit assessment
4. Continue to implement CPYP strategies for permanence
5. Continue to implement CC25I Initiative strategies
6. Continue to build agency and community support for Permanency Team Meetings

**Probation:**

C3: Exits to Permanency. This measure reflects minors who are in GH 3 years or longer and/or emancipate out of system.

1. To enhance the systematic approach to locating relatives and other caring adults to assist with permanency adults starting at the Intake Level and throughout all stages of the Probation system to assist with permanency by providing mandatory Family Finding training to Probation staff and through collaboration with CWS.
2. To ensure that all relatives/caring adults are assessed before utilizing ranch, camp, foster care or group home placements.
3. To ensure that all relative/caregivers complete the home approval process.
4. To educate Probation staff to refer parents, relatives and caregivers to appropriate community based services to assist in the reunification of the minor and family.

**Contribution to  
The State PIP**

Solano County's SIP has been created to improve outcomes for children and families within the county. However, it also supports the state's Program Improvement Plan. These include:

**1. Expand use of participatory case planning strategies.**

Goal: Increase engagement of children/youth, families and others in case planning and decision-making processes across the life of the case for safety, permanency, and well-being

Solano County currently utilizes Team Decision Making Meetings, Family Meetings and Permanency Team Meetings, Meetings to Assess Permanency to engage families in case planning and decision-making processes. Solano plans to focus on the consistent use of this continuum of meetings during this SIP. This will impact Outcome C1.3 Reunification within 12 months.

**2. Sustain and enhance permanency efforts across the**

**life of the case.**

Goal: Enhance practices and strategies that result in more children/youth having permanent homes and connections to communities, culture and important adults.

As mentioned above, Solano County is continuing to implement the above meetings to improve permanency outcomes. Additionally it plans to enhance Family Finding efforts and permanency planning by engaging extended families while the child/youth is in care. Both will positively impact C1.3 Reunification within 12 months and C4.1 Placement Stability.

**3. Enhance and expand caregiver recruitment, retention, training, and support efforts.**

Goal: Improve caregiver support strategies and augment educational/training curriculum.

Solano plans a two prong approach to enhancing caregiver recruitment and retention. It plans to increase Relative placements through improvement of the relative approval process and development of supports for these caregivers as well as increase placement resources and placement capacity within Solano County. These strategies will positively impact C1.3 Reunification within 12 months and C4.1 Placement Stability.

**4. Expand options and create flexibility for services and supports to meet the needs of children and families.**

Goal: Increase statewide access to varied existing services options for children/youth, and families in foster care

Solano plans to improve and increase access to mental health services for families who are impacted by child abuse or neglect, and for youth involved in the probation system and evaluate the impact of those services. Additionally, they plan to expand Alcohol and Other Drug (AOD) services for parents involved with the Child Welfare System. These two strategies support the state PIP as well as positively impact S1.1 Recurrence of Maltreatment and C1.3 Reunification within 12 months.

**5. Sustain and expand staff/supervisor training.**

Goal: Increase educational and training opportunities for staff and supervisors towards activities identified in the SIP.

Although no county-specific strategies address this PIP strategy, most strategies will include a component of

supervisor training, education and support.

**6. Strengthen implementation of the statewide safety assessment system**

Goal: To improve timeliness of investigations and enhance services to families to ensure safety of child.

Solano's strategy "Provide intensive prevention and early intervention services to at-risk youths not known to Child Welfare Services or Probation" will support the state's goal of enhancing services to families to ensure safety of the child. Additionally it will positively impact the Substantiation Participation rates and S1.1 No Recurrence of Maltreatment.

***Use of Logic Models*** Developing a logic model helps to delineate the specific methods by which proposed changes from the SIP will improve performance. As part of the Request for Proposal (RFP) process, the County asked for all programs to have evidence based models which will have logic models included. Upon the approval of the contract, the County will forward the logic models for review.

***Integration into the CAPIT/CBCAP/PSSF Plan*** Stakeholders representing the entire continuum of prevention through services, treatment and follow up prevention participated in the PQCR/CSA/SIP planning process and assisted in identifying strategies to be included in to the plan. As a community our focus is to build on the promising collaborations that we have in place to enhance our continuum of services. The use of CAPIT/CBCAP/PSSF and Children's Trust Fund money helps us to do that. As permitted by funding, we will continue to provide parenting, differential response, and community education.

## B. Peer Review Executive Summary

*Executive Summary* In an effort to ensure continuous quality improvement for children, youth and families in the child welfare and probation systems, Solano County conducted its Peer Quality Case Review (PQCR) May 1<sup>st</sup> to May 4<sup>th</sup>, 2012.

Throughout the planning and the PQCR event itself, Solano County was committed to the principle that the PQCR is an informative process that assists in examining more deeply the practice areas which address the needs of the children, youth and families they serve. This commitment led to the desire to learn more about two areas:

- Child welfare examined placement stability of children in its care particularly as it relates to permanency for children
- Probation examined exits to permanency for older youth

In an effort to glean as much information as possible from peer counties, Solano invited the counties of Contra Costa, Napa, San Francisco, San Luis Obispo, San Mateo, Alameda, Humboldt, and Sacramento to participate on the interview teams and provide peer county insights and recommendations. These counties were selected due to their excellent outcomes in these areas or because of promising practices that had been observed by staff. Child welfare and probation staff was interviewed.

### Background and Methodology

Solano County Child Welfare had 387 children in placement on July 1, 2011. It serves its children and families out of its centralized office in Fairfield, California. Juvenile Probation has 21 youth in placement, with 19 being placed in group homes and 2 in foster homes. Both agencies are committed to ensuring the best outcomes for its children and youth in care.

Child Welfare selected its cases using the following methodology: It examined children in placement October 1, 2010 through September 30, 2011 who had been in placement for 2 years or longer. The children included children with two or less placements (5 cases) and those in three or more placements (10 cases). Children were placed in a variety of placement facility types. Probation examined youths 16 and older who had been in placement 12 to 24 months and who had more than two placements. Probation examined three cases that had been in placement 12 - 24 months.

### Summary of Practice

The PQCR is a process that surfaces a large quantity of information which we have attempted to synthesize and organize in this summary.

Throughout the stages of the PQCR process, learning occurred; promising practices were identified or reinforced and in some instances quickly implemented. This section is therefore a summary of the practice that was found in the completed process and is intended to be presented in a manner that concisely explains the trends found throughout the focus groups, interviews and process debriefs.

## CHILD WELFARE

### Background

In a literature review regarding placement stability by the Northern Training Academy (Placement Stability in Child Welfare Services: Issues, Concerns, Outcomes and Future Directions Literature Review) (<http://academy.extensiondcl.net/file.php/1/resources/LR-PlacementStability.pdf>), a summary of findings include:

- Both descriptive and controlled (rigorously designed) studies find that child behavior problems, especially aggressive behavior, are a strong predictor of placement disruption and a common reason that foster parents request that the child be removed from the home.
- High rates of case turnovers due to changes of social workers assigned to a case are related to increases in children experiencing multiple placements.
- Evidence suggests that the type of placement is significantly related to placement stability, with kinship care and treatment foster care being related to increased stability.
- The first six months of initial placement is the time during which children experience disruption, with 70% of disruptions occurring during this time and infants experiencing more disruptions during the first month of initial placement.
- As the number of placements increases for children the more likely it is that they will experience later placement disruptions. This is even true for children who were not initially identified as having behavioral problems. In fact children who experience multiple placements can begin to exhibit behavior problems, which lead to more displacements, creating a dysfunctional cycle.

### *Strengths*

- Consistent visitation between children and their parents
- Social Workers are strengths-oriented with both children and families
- Social Workers are able to identify child's needs and find appropriate services
- Training has been provided in the focus area-through education and field experience
- Parents are engaged in services

- Caregivers are engaged and advocate for child's needs to be met
- Social Workers are aware of caregiver limitations as they know the families
- Social Workers receive appropriate training and are highly skilled
- Length of time in current assignment of relative assessment workers
- Highly educated and many master level social workers

#### *Challenges*

- When minors are placed with relatives, other options for permanency are not explored
- Family finding and relative assessment and engagement needs to be conducted earlier
- No formal transition meeting between Social Workers or introduction of new worker to the family
- Social Workers have monthly contacts with care providers, but more frequent visits would increase stability.
- Parents were missing, sometimes transient. This affects the children and the parents' ability to provide them with services to reunify with their children.

#### *Recommendations*

- Social Workers need to attend training on explaining permanency options to relatives
- Relatives need to attend training on permanency
- A realistic policy and procedure for conducting early family finding and engagement needs to be developed
- Formal Meeting between new worker and current worker to discuss the case and new worker attends upcoming hearing prior to transferring to meet parents
- Continue to explore ways that social workers can increase the number of visits with relatives

#### Concurrent Planning and Case Management

##### *Strengths:*

- Workers could easily identify a child's strengths
- Workers were very positive and made efforts to find strengths
- Workers could identify the challenges and needs of the child/youth
- Workers engaged in ongoing assessment of needs, gathering information from caregivers and schools
- Good use of Permanency Team Meetings to make concrete plans to find permanency for children
- Efforts made to put siblings together, there is a high value of sibling relationships

#### *Challenges:*

- Family finding challenges (lack of information given to the social worker by the family to do searches) and lack of family engagement
- It is difficult when child is in a different county to know the available resources
- Foster Family Agencies need to do more assessment of their families for the ability of the family to provide permanency Workers identified needing more knowledge about how to explain guardianship and adoption
- Data entry issues around where to document relatives in CWS/CMS
- Poor documentation of case management relating to concurrent planning efforts
- As early as possible in the case, complete relative assessments and exhaustive family searches of maternal and paternal relatives
- When children are in foster care for long time periods it makes it challenging to find permanency. There is a need for special services or intervention to find permanency for children in foster care for three years or more
- Extended family had barriers to provide permanency (e.g., allegiance to biological parents)
- Relatives did not follow up on providing possible placement for child or follow through with corrective action plans
- Child was not involved in placement or concurrent planning process and as a result was not as invested in the placement

#### *Recommendations:*

- Early family finding and family engagement so that there will be more options for placements and greater likelihood of permanency
- Use CASA (Court Appointed Special Advocate) to assist with family finding efforts
- Have child be involved in the concurrent planning and placement process
- Work to have CASA assigned to younger children
- Assign secondary worker (Adoption worker) to help with concurrent planning

#### Assessment and Services

##### *Strengths*

- Many children have Individualized Education Plans (IEP) and seem to have been assessed at an early age
- Regular dental and medical checkups
- Mental Health assessments are provided for older youth
- Caregivers and workers have knowledge in the understanding of community resources
- Court appointed Special Advocate (CASA) program gives child



- another resource
- Limited availability of Education Surrogates through the minor's attorney offices
- Engagement in Recreational Activities
- Regional Center Services and assessment/referrals made

*Barriers:*

- Ongoing Mental Health assessments are not done for younger children
- Developmental assessments not always done or the social worker doesn't have knowledge of them being completed
- Waiting lists for culturally appropriate therapist.
- No counseling services available for parents
- No family counseling services
- Limited counseling for Victims of Sexual abuse
- Need to develop alternative methods of delivering ILP services to youth
- Care providers do not know what services and financial support are available for them to access

*Recommendations:*

- Provide mental health counseling for parents
- Provide family therapy services for parents and children
- Provide mental health support services for parents in the CWS system
- Ongoing Mental Health assessments to be completed and documented for easy reference
- Adequate counseling for Victims of Sexual abuse
- Possible use of online Independent Living Program (ILP) courses for working adolescents
- Develop a service provider list that identifies services and possible financial support for the caregiver to access that services

Family Engagement

*Strengths:*

- Social workers going above and beyond to try to engage biological parents
- Social workers conduct visits at the caregivers' homes
- Social workers conduct visits with extended family
- Social workers visit the child in placement, meet with caregiver monthly, and more often with the child when necessary
- Ongoing visitation with siblings and birth parents
- Children involved in placement decisions

*Challenges:*

- Few relative placements

- Lack of time to do extensive searches and follow through to engage extended family
- Few family meetings, inconsistent use of family conferences
- Distance between placements of sibling and families

*Recommendations:*

- Increase the number of relative placements by conducting early family finding and engagement.
- Explore additional funding to provide extensive searches and follow through on relative placements
- Increase the consistency of TDMs
- Explore creative opportunities for siblings and families to visit and maintain contact e.g. Skyping, email etc.

Placement Changes

*Strengths:*

- Worker discussed cultural preferences with the child
- Foster Family Agencies made suggestions as to appropriate placements
- Placement team matching
- Pre-placement visit – child's opinion taken into account
- Team Decision Making Meetings (TDM)

*Challenges:*

- Not enough time to have discussions with caregivers and find a good fit
- Insufficient Foster Family Agency (FFA) placements and instability in FFA workers
- Lack of family finding
- Unclear how to find the right relative for placement
- Lack of available placements partly because other counties are utilizing local FFA's for their children.

*Recommendations:*

- Family finding and engagement from the beginning
- Develop a way to track which relatives were assessed or not and document it in the transfer report.
- Develop a policy that family finding and engagement is the responsibility of all workers.
- Provide transition planning for those times that children must be moved.
- Provide more comprehensive training for caretakers on concurrent planning

## Caregiver Supports and Services

### *Strengths:*

- Supportive, active caretakers
- Foster Family Agencies (FFA) provide weekly visits, trainings, transportation, and respite
- Foster Family Agencies that are providing care are meeting the needs of youth
- Regional Center provides good services for children it agrees to serve
- Caregivers have support through networks of extended family and friends
- Social Worker sees caretaker monthly. Good communication
- Caregivers work with child's biological family around visits
- Caregivers transport children to appointments (medical, dental, etc.)

### *Challenges:*

- Difficult for social workers to inform caregivers about guardianship and adoption
- It is hard to access services due to distance and finances. With the increase in gas prices it is difficult for care providers to transport children to therapy, extra curricula activities and visitation.
- There are no funds for extended visits (hotel voucher) for families to visit children out of county.
- Instability of caregiver home composition, due to the economy many families are experiencing extended family moving into the home
- Difficulty with language barriers
- Lack of in-home support for caregivers
- Long term connections are not kept when a child or youth goes out of county (e.g., CASA cannot provide services outside of the county)
- Quarterly reports from FFAs are not consistent or as-up-to-date as they should be
- Lack of specialized training for caregivers (dealing with children and youth with specialized therapeutic needs or specific acting out behaviors)

### *Recommendations:*

- There should be specialized navigation services and support services for relative caregivers
- Caregivers to receive additional training on youth issues
- Accessible mental health/medical/dental services
- More assistance with visitation facilitation provided to the care provider
- More in home support for caregivers, and the caregiver family.
- Training for caregivers regarding importance of permanency.

## PROBATION

### *Summary of Exits to Permanency for Older Youth*

#### *Promising Practices:*

- Working to keep the families involved by conducting monthly contacts in person or telephone.
- Key Focus of Family Reunification for the family.
- Probation Officer not allowing group homes to deny family visitation with the youth as a consequence

#### *Barriers and Challenges:*

- Caseload sizes- can become too large at times
- Limited number of placement officers
- Limited amount of transitional housing beds
- Out of county placements are more time consuming for placement officer
- Out of county placements make it difficult to access services in that community
- Placements for sex offenders
- Families opposition to guardianship as they don't understand permanency

#### *Training Needs:*

- How to explain permanency options to families

#### *Systemic/Policy Changes:*

- Field Probation Officers are not familiar with the Transitional Independent Living Plan and Independent Living Program
- More Probation Officers needed in placement unit

#### *Resource Issues:*

- Transitional housing
- Use of all county dollars
- Easily accessible and timely mental health services
- Knowledge of local resources

#### *State Technical Assistance Needed:*

- Medi-Cal is not easy or timely to access

#### *Documentation Trends/Use of CWS/CMS:*

- Entering ILP Contacts is time consuming

In combination with the PQCR interviews Solano County Probation also conducted a survey regarding services needed for transitional aged youth with their Community Partners and youth. Below is a summary of those findings.

## **Solano County Probation PQCR Survey of Community Partners – Summary of Findings**

- Respondents report that employment is the biggest concern for those turning 18 years old.
- 77.8% of respondents believe that lack of education is the biggest obstacle for youth obtaining gainful employment.
- 100% state there are not enough available resources (counseling, education, employment and housing) available to youth. Housing ranked slightly higher than the other three resources as being the highest priority (44.4%).
- Resources that Probation Officers should provide minors that are completing placement/terminating from jurisdiction:
  - Assistance sealing their juvenile delinquency file
  - Get current school transcripts
  - Psychiatric/counseling treatment
  - Job placement
  - Birth control
  - Housing
  - Employment
  - Signing up for benefits
  - Mentors
  - Educational/vocational training options
  - Appropriate documentation (birth certificate, school transcripts, ID, SS card, MediCal card, etc.)
  - Help getting GED
- Reunification Services recommended for Parents:
  - Anger management, parenting, substance abuse or alcohol counseling, communication skills, family therapy

## C. CSA Executive Summary

**Executive Summary** The 2012 County Self- Assessment and Peer Quality Case Review have revealed an array of strengths and challenges. Through intensive discussions via focus groups and stakeholder meetings during the CSA and Peer Review and via on line survey, Solano County has been able to target its outcomes that may be addressed in the upcoming System Improvement Plan.

The following focus groups were held in April and May 2012: Groups consisted of from six to approximately fifty people depending on the group. A large number of stakeholders participated.

- Children's Alliance and Child Abuse Prevention Council
- Community Stakeholder Meeting
- Community Partners (BIP)
- CWS All Staff
- H&SS Staff
- Foster Youth (2)
- Relatives
- Birth Parents
- Foster Parents
- Judicial
- Foster Family Agency
- Probation implemented two surveys, one for youth and one for community stakeholders.

The following strengths and challenges were identified via the focus groups:

### Strengths

- Family Resource Centers are able to serve children in geographical locations
- Early start Regional Center program is "very open" for children under 3
- Ages and Stages Questionnaire (ASQ) assessments are done across the county
- Partnering with Vacaville Housing has been helpful
- Placement Coordinator is helpful in building relationships with FFA's
- Emphasis on family finding and permanency
- Emphasis on including family
- Staff is knowledgeable about family history
- Child Welfare is helpful and responsive
- Good at collaborating to develop plans and provide what services are available
- Team Decision Making Meetings (TDMs), Permanency Team Meetings (PTMs) and case conferences work well

- County is really trying to place in the county, and with county homes, instead of FFAs and trying to keep close to their schools
- The visitation center is centralized
- Child Welfare agency has been less risk adverse and speeding up reunification process.
- Department developed new policy for workers to be more open to unsupervised visits. Parents are more responsive as well, which has led to better outcomes.
- Relationship between CASA and dept have improved dramatically increase in referrals, better dialog, increase in communication and collaboration.

### Challenges

- Poverty and increased referrals related to family stressors
- Difficult to access resources for children with disabilities from Regional Center, School Districts, and Mental Health
- Coordination between child welfare and Family Resource Centers is challenging. FRCs receive more referrals from CWS than they can serve and no triage process is in place
- Family Resource Centers struggle to provide services specific to reducing maltreatment/neglect once an allegation has been substantiated
- Interpretation of Relative Approval regulations is conservative and impacts number of relative placements
- Out of county placements impacts reunification
- Poor communication between mental health providers, social workers and care providers which impacts placement stability
- Visitation process needs improvement especially with a loss of support staff
- Lack of preparation for children/youth for placement changes.
- Lack of support for foster youth in school
- Less quality interactions between staff and families due to cuts in staffing

The following resources and training needs were identified:

### Resources Needed

- The economic down turn has impacted all resources in the community and there are less services available
- Resources such as in home counseling services, mental health, transportations, drug treatment
- Lack of parenting classes and miscommunication with social workers regarding what parenting classes are being offered
- Need for more bi-lingual, bi-cultural staff and community services
- Lack of child care
- More staff (Loss of 22 staff)

- Medi-Cal for mental health and substance abuse treatment
- Group home access to EPSDT resources
- Support for fathers
- Crisis nursery
- Too few Mental health providers who offer sliding scale
- Child Welfare no longer provides resources they used to be able to provide (transportation assistance, financial support).
- Family Resource Centers have limited resources to provide transportation and financial support
- Need community embedded social workers. More preventative services to catch issues before they become child maltreatment
- More permanency homes to place children in emergency situations
- More foster homes including those for siblings
- Lack of knowledge of foster parents and ability to deal with behavior problem

#### Training Needs

- Schools need more education about child abuse reporting requirements
- Social Workers need more information about the parenting curriculum their families are participating in and when classes are offered.
- Training on mental health and impact of child removals
- Training on addiction and length of time for recovery
- How to work with FFA homes who may differ from county homes
- Guide for social workers on what parents will get out of each service to help social workers coordinate community services
- Social workers need more training on substance abuse assessment and indicators of someone being under the influence if drug testing is happening less

#### Areas Needing Improvement

The 2012 PQCR identified that early Relative Assessment and the Family Engagement component of Family Finding and Engagement were the significant gaps impacting placement stability and permanency (especially for youth in care three years or longer). It was noted repeatedly that these two functions were lacking in the early stages of the placement process.

The loss of the resources to conduct early relative assessments for children entering in to the system has had an impact on permanency and the best practice of relative placements. Early relative assessments are time consuming and the skills that staff need to explain the pros and cons of guardianship and adoption require training. It was frequently seen that this practice was not completed in the early stages of working with the family.



Family Finding and Engagement is another best practice in child welfare and probation. The agencies are able identify family throughout the life of the case, but have difficulties engaging them. This is compounded by the lack of consistent Team Decision Meetings, which were identified previously as a best practice by many of the stakeholders. The ability to meet together with the family as a team and identify relatives in addition to many other family needs was very beneficial.

### Service Gaps

The 2012 CSA Focus Groups and stakeholder meetings which were conducted with staff, community partners, relatives, youth, and parents identified that housing, employment, transportation, and child care were significant gaps impacting families in the community as well as those in the child welfare and probation system.

The significance of the gap in housing resources is monumental for families. Many families that are living in poverty do not have the ability to sustain paying rent on an ongoing basis. Safety nets that previously existed such as extended family supports and payment of deposit and first month's rent (stipends) by non-profits no longer meet the needs of families. These families are quickly becoming and remaining homeless.

It is increasingly difficult to obtain employment in Solano County and many of the families are taking whatever jobs they can get regardless of whether that precludes them from their parenting responsibilities. It was noted that in the THPP program 75% of youth obtain employment. There appears to be a lack of meaningful employment services for parents.

Even if services are available the inability to get to those services is a significant gap. Especially for isolated areas of the community. Public transportation is extremely limited and time consuming.

The lack of accessible and affordable child care was also identified as a significant gap. Child care is a gap not only for when parents are trying to work, but also for when they participate in services. Most parenting classes, substance abuse treatment and mental health services do not offer child care while the parent is participating in treatment.

The 2012 PQCR and CSA process identified gaps in services, including, difficult access to mental health services, substance abuse treatment, poor language and cultural accessibility, and the impact of staff layoffs in the provision of services.

Mental Health services have seen budget reductions and previously never fully met the needs of the community. The

eligibility process to receive services prioritizes the neediest recipients, and other consumers that also need services but haven't risen to the level of crisis are unable to access much needed services.

Substance abuse treatment is another gap in the community. Anecdotally stakeholders commented in the increase of substance abuse related to the increase in stressors in families. With an increase in services there is a lack of services for youth, mothers, and fathers.

The service provider community especially mental health does not have the number of bi-lingual, bi-cultural workers needed to serve the community.

The impact of staff layoffs cannot be minimized throughout all county agencies in Solano County.

#### D. Summary of Outcomes for inclusion in the SIP

**Priority Outcome Measure or Systemic Factor:** S1.1 No Recurrence of Maltreatment

**National Standard:** 94.6%

**Current Performance:** According to the July 2012 Quarterly Data Report (Quarter 1 of 2012), of the 334 children who had a substantiated allegation, 316 did not have a recurrence of maltreatment. This is a 94.6% rate of no recurrence of maltreatment.

**Target Improvement Goal:** The county will improve performance on this measure by maintaining consistency at 94.6% by 2017.

**Priority Outcome Measure or Systemic Factor:** C1.3: Reunification within 12 months (6 month entry cohort)

**National Standard:** 48.4%

**Current Performance:** According to the July 2012 Quarterly Data Report (Quarter 1 of 2012), of the 87 children who remained in care at 12 months, 54 reunified. This is a 62.1% rate of timely reunification.

**Target Improvement Goal:** The county will maintain performance on this measure at 62.1%

**Priority Outcome Measure or Systemic Factor:** C4.1: Placement Stability Outcome: Placement Stability (8 days to 12 months)

**National Standard:** 86.0%

**Current Performance:** According to the July 2012 Quarterly Data Report (Quarter 1 of 2012), of the 217 children in placement 8 days to 12 months, 175 had two or fewer placements. This is an 80.6% rate of placement stability.

**Target Improvement Goal:** The county will improve performance on this measure from 80.6% (175) to 90% (195), by 2017.

Year 1 Goal: Increase by 2% (5 children) from 80.6% to 82.6% (180 children)

Year 2 Goal: Increase by 2% (4 children) from 82.6% to 84.6% (184 children)

Year 3 Goal: Increase by 2% (4 children) from 84.6% to 86.6% (188 children)

Year 4 Goal: Increase by 2% (4 children) from 86.6% to 88.6% (192 children)

Year 5 Goal: Increase by 1.4% (3 children) from 88.6% to 90% (195 children)

## **PROBATION**

**Priority Outcome Measure or Systemic Factor:** C1.3 Reunification within 12 months (entry cohort)

**National Standard:** 48.4%.

**Current Performance:** According to the July 2012 Quarterly Data Report (Quarter 1 of 2012), of the 2 children, 0 reunified within 12 months.

**Target Improvement Goal:** The county will improve performance on this measure from 20% 1 child per year. Probation has historically had less than 5 children eligible for reunification in each quarter. Based on a projected pool of 5 children the county will improve the performance measure from 0% to 20% each year.

Year 1 and 2 Goal: Increase by 20% 1 child

Year 3 and 4 Goal: Increase by 40% 2 children

Year 4 and 5 Goal: maintain above the federal standard of 48.4 %. Numbers may increase depending upon the number of children in placement.

**Priority Outcome Measure or Systemic Factor:** C3.3: In care three years or longer (Emancipated/Age 18). This measure reflects minors who are in GH 3 years or longer and/or emancipate out of system.

**Current Performance:** According to the July 2012 Quarterly Data Report (Quarter 1 of 2012), there were 8 minors in placement, however 0 were in placement longer than 3 years or emancipated from the system.

**Target Improvement Goal:** Maintain the current performance on this measure, and improve outcomes for probation youth exiting foster care and/or transitioning back to the community.

## **E. Part 1. CWS/Probation**

### **Probation and Child Welfare**

**STRATEGY 1:** Improve and increase access to mental health services for families who are impacted by child abuse or neglect, and for youth involved in the probation system and evaluate the impact of those services. Additionally provide these services within the home whenever possible to reduce the barriers of transportation and child care in receiving mental health services. Currently those programs that do operate currently lack the transportation for participants to and from the program and lack of child care for parents while receiving the services. The Agency will develop an RFP to recruit Service Brokers to assist clients in obtaining supports offered through community resources while developing a working relationship with the client and the client's family in order to assist them in achieving identified outcomes.

**JUSTIFICATION RATIONALE:** Through the CSA analysis, it became clear that there is a significant lack of mental health services for child welfare involved families, especially those who are undocumented, uninsured/underinsured, non-English speaking, and bi-cultural. This is an unmet need in the community. There is a lack of services to help families address the situations that have brought them to the attention of Child Welfare. Some underlying issues that need to be addressed for these families include domestic violence, anger management and parent-child conflicts. Additionally, poverty has a significant impact on families' coping. In 2010, 15.2% of Solano County families with children under 18 live in poverty. This rate is based on the Federal Poverty Level (FPL) (defined as \$17,170 for two adults and one infant in 2007). That increases to 32.3% for Solano County Single Female-headed families. (Source: U.S. Census Bureau, 2010 American Community Survey (DP03). Additionally, African American children (26.2%) and Hispanic (15.6%) children reside in poverty at significantly higher rates in Solano County than Caucasian children (7.1%) (Source: Lucille Packard, Kidsdata.org <http://www.kidsdata.org/data/region/>). Those in distress are routinely under-reported. In a report developed by the United Way "Overlooked and Undercounted 2009: Struggling to Make Ends Meet in California", there are hidden poor who find they earn too much income to qualify for most supports, yet still struggle to meet their most basic needs, especially as the costs of housing, health care, and other necessities continue to rise faster than wages. ([http://www.unitedwaywinecountry.org/files/Self-Sufficiency\\_Full\\_Report\\_2009.pdf](http://www.unitedwaywinecountry.org/files/Self-Sufficiency_Full_Report_2009.pdf)) In Solano County 23.7% of families struggle to make ends meet and fall under the Self-Sufficiency standard. Vallejo, in particular, was measured at 24.1%. The Self-Sufficiency Standard was developed to provide a more accurate, nuanced, and up-to-date measure of income adequate for basic needs. This standard (2007) is defined as \$51,946 for a household with two adults and one infant. In California there is a range of 18.8% to 43% of families who fall under this standard. Racial/Ethnic Groups, Foreign Born, households with children and Single Female Headed Households are the most effected.

Mental Health services come in a variety of modalities including individual, couples, family, and group. These can be provided in-home, outpatient (i.e., clinic, schools, etc.) and residential (i.e., group care). Families involved with child welfare generally have a variety of stressors and layered needs that may need to be addressed in one or more of these settings. For example a family in reunification may need to address family of origin issues in individual therapy, working on co-parenting in couples therapy, and work in a family modality when re-integrating their children. Other families need the therapy

brought to them in the home where they struggle with limit setting, discipline and structure. Wraparound services can be effective for families especially when a child is struggling with a mental health disorder. Parent Peer Mentoring is also an effective supportive practice when addressing Mental Health needs for families. Currently families struggle in Solano County to access the needed services that will support their reunification efforts and/or support maintaining their families safely.

Children who have been maltreated are at risk for experiencing a host of mental health problems, including depression, posttraumatic stress, dissociation, reactive attachment, low self-esteem, social problems, suicidal behavior, aggression, conduct disorder, attention-deficit hyperactivity disorder and problem behaviors, including delinquency, risky sexual behavior and substance use. This mental health conditions impact the ability for the children to remain stable in placement, and for parents to reunify with these children.

Another area of need includes families/caregivers who are interested in providing permanency through adoption or guardianship to children in foster care. They are also in need of quality mental health assistance to help them make these important decisions. Understanding the changing role from being a relative caregiver, for example, to becoming a legal parent can bring an array of family issues that must be examined. Mental health practitioners who possess knowledge of permanency issues are needed to support these families.

For the Probation Department, its youth are in great need of affordable counseling services, including anger management. There is a lack of adequate services due to the fact that many probation youth are not eligible for Medi-Cal. A fair amount of probation youth come from families that are not Medi-Cal eligible yet their family HMO coverage does not support their needs such as family counseling, substance abuse, anger management, and life skills needed to reduce the need for placement and provided support for the minor and families upon their return to the community. Having an adequate system of care that supports probation youth while still in their home will help prevent them from being removed or to better integrate them into the community after removal. In-Home Prevention: According to the California Evidence Based Clearinghouse, Home Visiting is a mechanism to provide direct support and coordination of services for families. Visits are conducted by a nurse, social worker, or trained paraprofessional. To be considered evidence based, a program needs to either have goals or objectives directly related to the prevention of child abuse and/or neglect or have published, peer-reviewed research measuring outcomes directly related to the prevention of child abuse and/or neglect, such as administrative data on child welfare reports or re-reports or self-report of abuse or neglect behaviors through a standardized measure. There are two identified programs which show promise in the area of preventing child abuse and neglect, one of which may want to be considered as a strategy. **SafeCare®** is an in-home parenting model program that provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment. This treatment is mostly conducted in adoptive, birth, and foster homes.

Trauma-Focused: According to the California Evidence Based Clearinghouse, Trauma Treatment (Child & Adolescent) consists of services designed to help a child or adolescent process a trauma or multiple traumas he or she has experienced and learn how to cope with the feelings associated with the experience (fear, post-traumatic stress,

anxiety, depression, etc.). Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) are both well supported by research to positively treat trauma. Additionally, Child-Parent Psychotherapy (CPP) and Prolonged Exposure Therapy for Adolescents are also supported by evidence. Some other promising practices to explore include: Abuse-Focused Cognitive Behavioral Therapy, specifically addressing caregivers who are aggressive and who physically, emotionally, or verbally abuse their children and their children who experience behavioral dysfunction.

According to the State of California Department of Social Services All County Information Notice 1-31-12, partnerships with local school districts to provide Multi-Systemic Therapy, an evidenced-based intervention for foster care and probation children has been beneficial for families. Multi-Systemic Therapy (MST) is an intensive family and community-based treatment program that concentrates on the complete life of chronic and violent juvenile offenders (their homes and families, schools and teachers, neighborhoods and friends, etc.). MST has been proven to work and produce positive results with the most challenging youths. MST blends some of the best clinical treatments (cognitive behavioral therapy, behavior management training, family therapies and community psychology) to reach and make positive change in this population. Evidence indicates that MST has been highly effective in keeping kids in their home, and reducing out-of-home placements.

### **Solano County CWS:**

According to the Children's Research Center's Structured Decision Making 2011 annual report, the three most frequent priority family needs for Solano County are parenting skills, mental health/coping skills, and substance abuse/use treatment.

After review of Solano County data from October 1, 2010 to March 31, 2011 in regards to measure S1.1 we found that there was a 2.7% increase in the number of children who have had a subsequent substantiated allegation of child abuse or neglect within a six month period. There was also a 14.3% increase in substantiated referrals and only a 2.7% increase in the number of recurrences of maltreatment. According to the July 2012 Quarter Data Report (Quarter 1 of 2012), of the 334 children who had a substantiated allegation, 316 did not have a recurrence of maltreatment. This is a 94.6% rate of no recurrence of maltreatment. It is anticipated that providing behavioral health services to the Voluntary and Court Family Maintenance (FM) families will improve our performance in this measure.

Upon review of data in relation to measure C1.3 from April 1, 2010 to September 30, 2010, of all children who entered foster care for the first time in the 6-month period who remained for 8 days or longer, 40.8% exited to reunification within 12 months from the first date of removal. In the first quarter of 2012 data, Solano County had increased its performance to 62.1%, which exceeds the Federal measure. Solano County has shown great variability in this measure, and its goal with the services to be provided will be to maintain consistency. It is anticipated that the provision of intensive home based services to families in the family reunification program will decrease the length of time to reunification because families will be able to practice and utilize the skills acquired via these services in the environment in which the youth will be returned.

In addition, the County will be seeking the services of an organization to be a service broker to assist at-risk children and their families in obtaining supports offered through existing community resources. These case management services may include obtaining health insurance, available social services including food stamps and general assistance, and connecting with government and community based services. With these services, the County is anticipating that these will enhance the identified strategy above.

### **Solano County Probation:**

One hundred percent (100%) of the Probation youth that are in placement are placed in group home programs which are 12 months or longer in length, thus, in many cases the length of time required for treatment is extended due to the intense behavioral needs of these youth.

These youth and their families need mental health counseling services to deal with the minor's delinquent behavior, and prepare for reunification. Probation is performing below the Federal standard, and by providing mental health services it is hopeful that we will stabilize the family unit and increase permanency and reunification efforts. The assigned DPOs will refer youth/families for services and track progress.

**EVALUATION:** In collaboration with the provider, track the number of children, youth and families that receive mental health services. Monitor improvement of outcome C1.3 and S1.1 as it relates to increased mental health interventions. Implement an Evidence Based in-home service and utilize the supporting evaluation strategies.

**Describe system changes needed to be addressed that support that improvement plan goal.** Expand services to include in home based mental health services who will work with child welfare and probation eligible clients.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.** The mental health providers will need education and training about the issues facing multi-need families.

**Identify roles of the other partners in achieving the improvement goals.**  
The community based organization will be a partner with CWS and Probation.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** The Katie A. settlement may provide support for this strategy.

### **Probation and Child Welfare**

**STRATEGY 2:** Expand Alcohol and Other Drug (AOD) services for youth and parents involved with the Child Welfare and Probation systems. Additionally provide these services within the home whenever possible to reduce the barriers of transportation and child care to Alcohol and Other Drug services. The Agency will develop an RFP to recruit Service Brokers to assist clients in obtaining supports offered through community resources while developing a working relationship with the client and the client's family in order to assist them in achieving identified outcomes.



**JUSTIFICATION RATIONALE:** During the 2012 CSA, it was found that within the county there is a lack of treatment providers and a need for more local providers for outpatient and residential services. This is an unmet need in the community. Additionally there is a lack of services for fathers and for youth. Those programs that do operate currently lack the transportation for participants to and from the program and lack child care for parents. Families involved with child welfare and probation systems are likely to have alcohol and drug related issues and addictions that have impacted their children and brought them to the attention of these two systems. A recent round of Children and Family Service Reviews showed that 16% to 48% of all child welfare cases include substance use disorders (California Evidence Based Clearinghouse). For many families, child removal or involvement with child welfare can be just the wake up call they need to enter into treatment. Unfortunately when the local resources are scarce, some families who have the motivation and desire to get help are put on waiting lists or required to move out of county to get help. For fathers, they are limited to programs that do not allow them to parent their children while getting treatment. With more custodial fathers receiving services, this is a big issue facing the county. Traditionally experimentation and subsequent addictions can begin in adolescence. Some probation youth are involved with the criminal justice system because of drug related use or involvement. Youth involved in child welfare also are at risk of addiction due to unresolved trauma and early exposure to drug use in his or her homes of origin. Additionally, unresolved issues of domestic violence and anger management lead families and youth to self-medicate with alcohol and other drugs. As discussed in Strategy 1, it is important to have mental health services that can address these underlying issues in addition to having adequate AOD treatment services.

According to "The Suburbanization of Poverty in the Bay Area" (January 2012), poverty has become more suburbanized in the Bay Area, which presents several challenges for the community. Suburban areas lack the density of social services providers found in urban areas, and they also lack public transit infrastructure. A dispersed poor population may face difficulty in accessing social services. In a dense urban area, public and non-profit providers are often concentrated in central, accessible areas. However, suburban areas typically have a lower concentration or limited range of nonprofit and social service providers, making it more difficult for those in need to obtain assistance. AOD services are definitely impacted by this phenomenon. As discussed in the CSA, there is a lack of in-county AOD treatment facilities and a lack of transportation available.

Treatment can occur in a variety of settings, including outpatient, day treatment, residential, or inpatient, and may involve detoxification, counseling, education, relapse prevention training, life skills training, and self-help groups. According to the California Evidence Based Clearinghouse, Motivational Interviewing has been found to be well supported by evidence. Other programs with research support include: Families Facing the Future (The **Families Facing the Future** program was developed for parents receiving methadone treatment and for their children. The primary goals of the project were to reduce parents' use of illegal drugs and to reduce risk factors for their children's future drug use while enhancing protective factors.), Family Behavior Therapy for Adults (FBT) (**FBT for Adults** includes more than a dozen treatments including management of emergencies, treatment planning, behavioral goals, contingency management skills training, communication skills training, child management skills training, job-getting skills training, financial management, self-control, stimulus control, home safety tours, and tele-therapy to improve session attendance. Therapies are consumer-driven and culturally sensitive), and Parent Child Assistance Program (PCAP) (**PCAP** has served

high-risk mothers who abuse alcohol/drugs during pregnancy and their families using a theory-based model (relational theory, stages of change, and harm reduction).

For adolescents, Multidimensional Family Therapy and Multisystemic Therapy are listed as effective, well-supported evidence based modalities. Additionally, Adolescent Community Reinforcement Approach (**A-CRA** is a behavioral intervention that seeks to increase the family, social, and educational/vocational reinforcers of an adolescent to support recovery from substance abuse and dependence.), Brief Strategic Family Therapy (**BSFT** is a brief intervention used to treat adolescent drug use that occurs with other problem behaviors. These co-occurring problem behaviors include conduct problems at home and at school, oppositional behavior, delinquency, associating with antisocial peers, aggressive and violent behavior, and risky sexual behavior), and Functional Family Therapy (**FFT** is a family intervention program for dysfunctional youth. **FFT** has been applied to a wide range of problem youth and their families in various multi-ethnic, multicultural contexts. Target populations range from at-risk pre-adolescents to youth with very serious problems such as conduct disorder, violent acting-out, and substance abuse) are listed as a well-supported modality. FFT in particular can be implemented in the home.

For those with concurrent anger management and substance abuse problems, **Anger Management for Substance Abuse and Mental Health Clients: Cognitive-Behavioral Therapy** is based on social learning theory; it may be useful for counselors who work with substance abuse and mental health clients with concurrent anger problems. This can be applied in outpatient and inpatient settings. (<http://kap.samhsa.gov/general/about.htm>)

**Behavioral Therapy for Adolescents** incorporates the principle that unwanted behavior can be changed by clear demonstration of the desired behavior and consistent reward of incremental steps toward achieving it. Therapeutic activities include fulfilling specific assignments, rehearsing desired behaviors, and recording and reviewing progress, with praise and privileges given for meeting assigned goals. Adolescents also show improvement in several other areas: employment/school attendance, family relationships, depression, institutionalization, and alcohol use.

Relapse Prevention, a cognitive-behavioral therapy, was developed for the treatment of problem drinking and adapted later for cocaine addicts. Cognitive-behavioral strategies are based on the theory that learning processes play a critical role in the development of maladaptive behavioral patterns. In **Relapse Prevention Therapy**, individuals learn to identify and correct problematic behaviors. RPT encompasses several cognitive-behavioral strategies that facilitate abstinence as well as provide help for people who experience relapse. RPT is indicated for adults and adolescents.

Solano Child Welfare Services

According to the Children's Research Center's Structured Decision Making 2011 annual report, the three most frequent priority family needs for Solano County are parenting skills, mental health/coping skills, and substance abuse/use treatment.

After review of Solano County data from October 1, 2010 to March 31, 2011 in regards to measure S1.1 we found that there was a 2.7% increase in the number of children who have had a subsequent substantiated allegation of child abuse or neglect within a six

month period. There was also a 14.3% increase in substantiated referrals and only a 2.7% increase in the number of recurrences of maltreatment. According to the July 2012 Quarter Data Report (Quarter 1 of 2012), of the 334 children who had a substantiated allegation, 316 did not have a recurrence of maltreatment. This is a 94.6% rate of no recurrence of maltreatment. It is anticipated that providing behavioral health services, including substance abuse, to the Voluntary and Family Reunification (FR) families will improve our performance in this measure. That is to say, by providing these parents with substance abuse treatment, we hope to reduce the reoccurrence of maltreatment for those children/youth who have been reunified.

Upon review of data in relation to measure C1.3 from April 1, 2010 to September 30, 2010, of all children who entered foster care for the first time in the 6-month period who remained for 8 days or longer, 40.8% exited to reunification within 12 months from the first date of removal. In the first quarter of 2012 data, Solano County had increased its performance to 62.1%, which exceeds the Federal measure. Solano County has shown great variability in this measure, and its goal with the services to be provided will be to maintain consistency. It is anticipated that increasing the accessibility to substance abuse services for families in the family reunification program will decrease the length of time to reunification.

Through an agreement with the Solano County Substance Abuse services, substance abuse will prioritize CWS and Probation referrals so that they can receive immediate services. Currently, for those clients not eligible for Drug Medi-Cal, the wait time to receive outpatient services can be as long as 6 weeks. With this agreement, upon an assessment by a licensed alcohol and drug counselor, CWS and Probation clients will be placed in outpatient treatment, which includes both individual and group treatment based on the client's needs. In some instances, clients may be seen within a week of being referred. Since January, 2012, 58 clients have been referred to substance abuse for treatment.

In addition, the County will be seeking the services of an organization to be a service broker to assist at-risk children and their families in obtaining supports offered through existing community resources. These case management services may include obtaining health insurance, available social services including food stamps and general assistance, and connecting with government and community based services. With these services, the County is anticipating that these will enhance the identified strategy above.

#### Solano Probation

Eighty percent of the probation youth actively engage in drug use. Seventy Five percent of probation youth enter placement after the age of sixteen (16). The youth also frequently exit at or after the age of eighteen (18). Substance abuse treatment and support is needed to address the issues which contributed to delinquency and to prepare the youth for independent living. The assigned DPOs will refer youth to services and monitor progress. The youth will also be subject to drug testing conditions which will be monitored by probation staff.

**EVALUATION:** Track expansion of AOD Treatment providers and numbers of families and youth served. Monitor improvement of S1.1 and C1.3 in relation to increased and improved treatment. Additionally monitor the Substantiation Participation rate and level of participation of families' access to treatment pre-child welfare involvement.

**Describe system changes needed to be addressed that support that improvement plan goal.** Funding is needed to prioritize AOD needs for CWS and Probation youth and families. .

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.** Staff will be trained on referral process for AOD services.

**Identify roles of the other partners in achieving the improvement goals.** An agreement will be made with Substance abuse for services provided.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** None identified at this time.

### **Child Welfare**

**STRATEGY 3:** Provide Adoption promotion and support services to increase permanency for children in Solano County. Provide an evidence based program to promote and provide support to children and adoptive families to nurture lifetime commitments.

### **JUSTIFICATION RATIONALE**

Post-Permanency Services are described as those services that ensure the continuing stability, safety, and well-being for children and youth who have moved from the temporary custody of the child welfare system into a permanent legal arrangement with committed caregivers. These arrangements constitute reunification with the child's birth parents, or adoption or legal guardianship by relatives (kinship care) or non-relatives. Many of these post-permanency services are developed as part of the planning process prior to the attainment of legal permanence. These services meet the unique and ever-changing needs of children and the families that care for them and may include information and referral; education (parenting skills, advocacy skills with school systems, etc.); clinical and therapeutic services; access to material resources; and access to community based supportive networks (such as support groups, recreational activities & respite care).

Solano endeavors to provide services to the following targeted population:

- a. Children with an alternative permanent plan of adoption for whom adoption recruitment efforts are underway.
- b. Children in long term foster care that could benefit from a more permanent plan of adoption.
- c. Children who are hesitant about being adopted.
- d. Families involved in the adoption process including pre-adoption activities and the adoption home study.
- e. Children and families in need of support and services before, during and following adoptive placement.
- f. Families in need of support services due to risk of adoption disruption after adoption finalization.
- g. Families adopting a sibling group.

The selected contractor will:

1. Ensure that all services are provided to children less than eighteen years of age and only to those children and families referred by their Child Welfare Services Adoptions Social Worker.
2. Ensure permanency for children to expedite the adoption process, and to reduce disruption of adoption.
3. Provide case management services and ensure a service plan designed to strengthen and preserve the family for families primarily focused or concerned about an adoption-related issue.
4. Ensure that parents and children are empowered through information, support, and skills to be involved partners in directing their own permanency planning and decision making.
5. Provide referrals for linkage to services that can include childcare, health care, and mental health, physical and developmental services, Regional Center Services, educational, special education, substitute adult role model, income support, respite services, and transportation services.
6. Develop a mentoring program for potential adoptive families utilizing professionals and/or current adoptive families.
7. Provide training for adopting families on relevant adoption topics, .e.g., relatives raising children, trans-racial adoption, specialized parenting techniques.
8. Provide for individual, family, and/or group counseling as needed for adoptive families, i.e., families who are in a match or placement with a child. Counselors will be therapists with expertise in adoption clinical issues, i.e., "adoption competent".
9. Provide linguistically and culturally competent services.

The goal is to provide adoption promotion and support to potential, prospective, and adoptive families to ensure that the placement remains stable. It is anticipated that we will see a decrease in the number of placements. With the adoption promotion aspect, we are anticipating that the sooner an adoptive home is found and supported, the more stable a placement will be for children. At least 80% of the adoption cases currently being handled by Solano County could benefit from additional adoption support services.

According to the Safe Measures data for the third quarter ending in 2012, Solano County has a 22.2% rate of children who were discharged from foster care to a finalized adoption within 24 months of removal. The same data shows that the County is performing above the national standard, at 26.3% for children in foster care within 12 months. With the supportive services sought from the community based organization, the County looks to improve upon its measures for increase placement stability and promote adoptions.

**EVALUATION:** Through the RFP process, a vendor will be selected to implement an evidence based program that will have an evaluation tool included.

**Describe system changes needed to be addressed that support that improvement plan goal.** The current program is staffed within Solano County, but with a lack of resources, the County determined that the services would be best suited for a community organization to provide. RFP needs to be released to secure contractor to provide services.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.** Contractor will provide training to prospective adoptive families

**Identify roles of the other partners in achieving the improvement goals.** Contractor will work in collaboration with agency to identify and provide services to families and children.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** None

### **Child Welfare and Probation**

**STRATEGY 4:** Increase Relative placements through improvement of the relative approval process and development of supports for these caregivers, including the child welfare and probation systems and the community at large. Enhance Family Finding efforts by engaging extended families while the youth is in care.

### **JUSTIFICATION RATIONALE:**

Only 21.8% of child welfare children in October 2011 were placed with relatives. Additionally, an analysis of first entries reveals a downward trend of placements with kin. In 2005 first entries to kin was at a high of 20%. This decreased to 6% by 2011. The number of youth placed with relatives needs to increase to improve the outcomes for youth, placement stability and chances for permanency. There is currently a perceived conservative approach to approving relatives for placement which excludes relatives and creates a protracted approval process. The agency would like to examine this process and make modifications as needed. According to State of California Department of Social Services All County Information Notice 1-31-12, there are number of strategies that have been found to improve placement stability. One of these is kin placements. The ACIN indicates that research has found that kin placements have fewer moves.

From October 2010 through September 30, 2011, 82.1% of children in foster care had two or fewer placements, which is below the federal standard of 89%. In the 2<sup>nd</sup> Quarter ending October 2012, only 8.3% of the first entry placements into foster care were with relatives, which is below the State average. In total, Solano County's placement with relative's rate is at 20.4% for the same reporting period. In order to increase these numbers the County is enhancing its Family Finding efforts and initial relative placement approval process. In addition, the County is intending to secure a contract to provide an evidence based model for supportive and navigation services for kinship families. These services will be designed to ensure that fewer placements are needed by supporting the kinship family.

Components of this approach would need to include the ability to reach out to the population to engage them in services. These services will include peer mentoring, supportive services, training for care givers, respite, and family recreation.

Probation and CWS will be also focusing on Family Finding and Engagement efforts, which is an urgent, fast-paced process - involving the child in an age-appropriate manner at every stage. As soon as CWS and Probation determine the child is at risk of entering foster care, the focus is on finding family (broadly defined through the child's

eyes) and empowering the child and the child's family to make the right decisions - decisions that provide for permanent relationships with the child and relationships that will be in place long after any court involvement. The more family members who can be found and engaged in case planning team meetings, means better results for the children. Through the CSA, CWS and Probation Department identified the importance of expanding their efforts to identify family for youth in foster care and focus on permanency planning. There is a need to educate families regarding the use of Family Finding for not only placement options but also for long term connections for youth. Impacting reunification also includes out of county placements that are more time consuming for placement officers and pose difficulty to accessing services in that community.

Some of the promising practices the Probation Department wants to explore are:

- Working to keep the families involved by conducting monthly contacts in person or telephone.
- Key focus of Family Reunification for the family.
- Probation Officer not allowing group homes to deny family visitation with the youth as a consequence of poor behavior.

All children, youth and adults, regardless of age, race, culture, ethnicity, sexual orientation, or gender identity, deserve permanency. Permanency provides love, meaning, purpose and continuity in our lives, and supports our continuous development, from childhood through adulthood. Planning for and supporting a child's permanency is urgent and begins with the first child welfare or probation contact. It includes strengthening and supporting families to care for children and youth in their own homes. Permanency planning efforts intensify at the point at which children and youth enter the foster care system. According to State of California Department of Social Services All County Information Notice 1-31-12 the "two most effective and common methods identified by counties as good practices for improvement in placement stability" are Family to Family Interventions and Team Decision Making (TDM) meetings. These two interventions ensure that community and family support systems are in place at the onset of a child welfare case. They also ensure that safety plans are in place for the family. When TDMs are completed at placement change they ensure that the placement of children is in the least restrictive and most appropriate setting, they reduce unnecessary placement moves for children, and assist families with needed support to successfully reunify." Probation intends to initiate TDMs with family members at the beginning and at the end of placement. CWS will continue to utilize TDMs to support placement.

Solano County Probation currently has 10% of its Title IV-E eligible children in relative placement, while 90% are in structured programs. Often times, the youth have exhausted their current family support by the time they need placement. In addition, the delinquent act is a major barrier to relative placements. Probation staff will utilize existing resources to find and connect youth with family members that may prove to be suitable placements. Utilizing the Family Finding process, when prospective family members are identified early will allow for better treatment outcomes, successful reunification, and a supported transition into permanency for the youth.

**EVALUATION:** Track the number of relative approvals and relative placements at both entry and ongoing. Monitor C4.1 and whether youth in placements with relatives have less placements. Determine baseline numbers at beginning of SIP. Through the

contractor, track the number of relatives that utilize the services and their satisfaction level of these services.

**Describe system changes needed to be addressed that support that improvement plan goal.** Develop a system that supports all relatives raising children in the community as well as for child welfare and probation systems. Identify software system to identify where we can find family members and initiate contact.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.** Develop training regarding permanency for Probation and CWS, including the different permanency options.

**Identify roles of the other partners in achieving the improvement goals.**  
Community non-profits and the Bay Area Academy

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** None identified at this time.

### **Child Welfare**

**STRATEGY 5:** Ensure consistency in the use of Permanency Team Meetings.

**JUSTIFICATION RATIONALE:** In order to continue the positive impacts on permanency, the staff needs to continue to implement and have consistency across Team Decision Meetings (TDMs), Family Meetings, Meetings to Assess Permanency (MAPs), and Permanency Team Meetings (PTMs). The 2012 CSA revealed team meetings as a strength by many stakeholders.

Solano County's goal is to complete TDMs when children are at imminent risk of removal or if the child has been removed from the home on an emergency basis. Family Meetings are facilitated by social workers for children in the Voluntary and Court FM program. PTMs are held for all children entering out of home care to establish the concurrent permanency plan for the child. They continue to be held periodically for youth receiving family reunification and permanency planning services. The MAPs are conducted for youth in permanent placement to provide additional supports to secure permanency for this population. All of these meetings goals are to involve the family and community in all decisions; for TDMs, the meetings include birth families in all placement decisions regarding the children.

Solano County's goal has been to hold TDM meetings when children are removed from their homes or when they are at imminent risk of removal. In 2010, 229 children entered foster care in Solano County. During that same period, Solano County completed 57 TDM meetings with families, involving 110 children. In 2011, 247 children entered foster care in Solano County. During this same period, Solano County completed 109 TDM meetings with families that impacted 201 children. Due to staffing shortages Solano County suspended TDMs in October 2011. The goal is to reinstate TDMs in January 2013. The goal would be 80% of emergency removals would receive a TDM. It is anticipated that by ensuring consistency in the use of the permanency team meetings, Solano County will see an decrease in recurrence of maltreatment, an increase in placement stability and reunification of families.



**EVALUATION:** Solano County completes a business object report monthly to monitor and evaluate the frequency of permanency meetings being held. County will utilize this report to monitor the outcomes against S1.1, C1.3 and C4.1 to determine if families who participate in PTMs have improved outcomes.

**Describe system changes needed to be addressed that support that improvement plan goal.** None needed.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.** Continue training staff to the appropriate use of permanency meetings.

**Identify roles of the other partners in achieving the improvement goals.** None identified.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** None identified at this time.

### **Child Welfare**

**STRATEGY 6:** Solano County has decided that as a long term strategy to reduce the number of substantiated cases, especially those with young parents who have young children. Towards that end, the County wants to engage in a primary prevention focus that includes positive youth development to provide positive activities and opportunities that help prevent youth from engaging in potentially harmful behaviors.

**JUSTIFICATION RATIONALE:** In a presentation to Solano County Health and Social Services, Emily Putnam Hornstein, MSSW, PhD, University of Southern California School of Social Work presented her research on children who enter are at risk of entering the CWS system has classified as "high risk" any child with three or more of the following (theoretically modifiable) risk factors at birth:

- late prenatal care (after the first trimester)
- missing paternity
- less than a high school degree
- 3+ children in the family
- maternal age <=24 years
- Medi-Cal birth for a US-born mother

Our intent is to establish a positive youth development which would attempt to address some of these factors thereby reducing the number of children who are at risk of entering the system In Solano County, many of these risk factors are in place with youth who are both known and unknown to the CWS and Probation system. Some of the specific risk factors identified include:

- In 2009, 8.9% of all live births were from mothers aged 15-19 years old
- The overall Solano County high school graduation rates decreased by 4% in FY2007/08
- The high school drop- out rate for African Americans (40.4%) and Latinos (36%) are high throughout Solano County

- 35% of 11<sup>th</sup> graders have consumed alcohol within the last 30 days
- The poverty rates have significantly increased, especially for families with children under the age of 5. The rates were 3.5% in 2008, 16.7% in 2009, and 23.1% in 2010.
- Since 2008, there has been a 14.3% increase in substantiated referrals compared to .02% (less than 1%) throughout California. of the families who have substantiated allegations of child abuse or neglect in the last three years, African American and Hispanics continue to be disproportionately high. The chart below shows these rates:

2009 – African American 32%	Hispanic 26.6%
2010 – African American 27.5%	Hispanic 26%
2011 – African American 27%	Hispanic 29%

Poverty, inadequate social support, lack of education and health services, all lead to possible factors contributing to poor social and educational outcomes for children and youth. One of the resources identified in the CSA was community imbedded preventative services to catch issues before they become child maltreatment. It is anticipated that healthier kids all around are less likely to become pregnant or early parents.

**EVALUATION:** Through the RFP process, a vendor will be selected to implement an evidence based program that will have an evaluation tool included.

**Describe system changes needed to be addressed that support that improvement plan goal.** None needed.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.** None at this time

**Identify roles of the other partners in achieving the improvement goals.** Community based organization will provide evidence based program.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** None identified at this time.

### **Probation**

**STRATEGY 7:** Improve self-sufficiency and re-integration into the community for youth through linkage to ILP services.

**JUSTIFICATION RATIONALE:** Probation youth, aged 16 and older, tend to be more difficult to place in out of home placement due to their age and seriousness of crime. Additionally, they tend to have fractured relationships with their families, thus impacting reunification. It becomes the responsibility of the Probation Department to prepare them for adulthood and integration into the local community upon completion of their placement and/or probation terms. This will require the department to establish a relationship with the ILP provider to address transitional housing issues for high risk minors who have resolved delinquency; consider local placements whenever possible for easier transition for minors upon completion of placement; begin educating minors in

local resources earlier in placement to establish connections upon return to community; find ways to connect minors with employment, continued education/training, counseling and housing information; create local resource manual or go to site for minors; and connect minors exiting care with educational assistance from Solano County Office of Education.

The department has identified some of their barriers. Caseload sizes can become too large at times; there are limited number of placement officers; limited amount of transitional housing beds; and limited placements for sex offenders.

According to the Solano County Probation PQCR Survey of Community:

- Respondents report that employment is the biggest concern for those turning 18 years old.
- 77.8% of respondents believe that lack of education is the biggest obstacle for youth obtaining gainful employment.
- 100% state there are not enough available resources (counseling, education, employment and housing) available to youth. Housing ranked slightly higher than the other three resources as being the highest priority (44.4%).

In addition to connecting with the local ILP program, there are other community supports available to help probation youth transitioning into adulthood. First Place for Youth serves youth ages 16-23 that are, or are at-risk of, becoming homeless. The program is designed to allow transition aged youth (TAY) to participate. The First Place for Youth program consists of a supportive housing program, an academic enrichment program, counseling, youth community center, and collaboration with other Bay Area organizations. The goal of the First Place for Youth program is for youth to obtain the skills necessary to live independently and succeed on their own. The **Workforce Investment Board (WIB) of Solano County** provides services to youth ages 16-21 that are currently in the foster/kinship care system, or who have been in the past. With the assistance of a Youth Employability Specialist, participants may utilize many assessment tools and resources within the One-Stop Career Center to help them identify interest and abilities to explore their career options. Leadership Development is also available to help WIA participants become independent, free thinkers by improving decision making, problem solving, and comprehensive skills. Training is provided based on individual assessments and interests. Youth may receive assistance with vocational training in their area of interest that would help lead to employment. The California **Department of Rehabilitation Center** located in Fairfield, California is another resource for youth. If a youth has a physical or mental impairment that substantially impedes his / her ability to secure employment, and vocational rehabilitation services are required to prepare for, secure, retain, or regain employment consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, interests, and informed choices are provided to the youth.

90% of the Probation youth in placement are placed outside of the County and exit placement after age 18. The youth are in need of transitional services offered through the ILP to include education, vocation training, and basic life skills in order to be successful upon their return to their family and/or the community. The goal is also to ensure that the youth do not reoffend and enter the criminal justice system as an adult.

**EVALUATION:** Track the number of probation youth who participate in a program that provides ILP services and monitor whether participation improves outcome C3.1. Utilize survey of youth participation and exit outcomes, such as completion of high school, employment, etc. upon exit. The assigned DPO will monitor the individual services for the clients and maintain a tracking system.

**Describe system changes needed to be addressed that support that improvement plan goal.** Field Probation Officers are not familiar with the Transitional Independent Living Plan and Independent Living Program. More Probation Officers needed in placement unit.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.** Provide education to Probation staff regarding local programs that provide independent living skills services in the community.

**Identify roles of the other partners in achieving the improvement goals.** Partner with ILP program, Workforce Investment Board and Department of Rehabilitation.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** None.

## CHILD WELFARE

<b>Strategy 1:</b> Improve and increase access to mental health services for families who are impacted by child abuse or neglect and evaluate the impact of those services.	<input checked="" type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> S1.1 No Recurrence of Maltreatment C1.3: Reunification within 12 months (6 month entry cohort)
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Identify service criteria, develop Request for Proposal (RFP), and conduct an RFP for an evidenced model for in home based mental health services to address family counseling, parenting education, domestic violence, and other mental health needs. This plan will include an evidenced based evaluation.	October 2012 – November 2012	Administrative Manager
B. Select service provider and put contract in place for in home based mental health services	December 2012 - January 2013	Administrative Manager
C. Develop referral process for Title IV E probation youth/families and CWS FM/FR families. Train CWS staff on the programs available and referral process.	February 2013 – February 2013	CWS Managers and Contractor

<b>D.</b> Conduct RFP to establish service broker to provide support to families in accessing available resources including a "warm handoff" from CWS to community resources	October 2012 - November 2012	Administrative Manager
<b>E.</b> Select service provider and put contract in place for service broker	December 2012 - January 2013	Administrative Manager
<b>F.</b> Develop referral process and train CWS staff on service broker services	February 2013 – February 2013	CWS Managers and Contractor
<b>G.</b> Establish quarterly meetings with all OCAP service providers and CWS to review quarterly data and implementation issues	April 2013 – January 2018	Contract Manager
<b>H.</b> Monitor performance for any needed changes to process and services for both mental health and service broker contracts	January 2013 – January 2018	Contract Manager
<b>I.</b> Utilize a safe measures or business object report to track the no recurrence of maltreatment in Voluntary and Court FM cases to evaluate the program effectiveness on a quarterly basis.	July 2013 – January 2018	CWS Managers

<b>Strategy 2:</b> Expand Alcohol and Other Drug (AOD) services for parents involved with the Child Welfare System.	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> S1.1 No Recurrence of Maltreatment C1.3 Reunification within 12 months (6 month entry cohort)
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Develop a Memorandum of Understanding between Substance Abuse and CWS to provide outpatient treatment for eligible clients	January 2013 – January 2013	Administrative Manager
B. Develop referral process and train CWS staff for substance abuse services	February 2013 – February 2013	CWS Managers
C. Conduct RFP to establish service broker to provide support to families in accessing available resources including a "warm handoff" from CWS to community resources	October 2012 - November 2012	Administrative Manager
D. Select service provider and put contract in place for service broker	December 2012 - January 2013	Administrative Manager

<b>E.</b> Develop referral process and train CWS staff on service broker services	February 2013 – February 2013	CWS Managers
<b>F.</b> Establish quarterly meetings with service providers and CWS to review quarterly data and implementation issues	April 2013 – January 2018	Contract Manager
<b>G.</b> Monitor performance for any needed changes to process and services for both substance abuse treatment services and service broker	January 2013 – January 2018	Contract Manager
<b>I.</b> Utilize a safe measures or business object report to track the no recurrence of maltreatment in Voluntary and Court FM cases to evaluate the program effectiveness on a quarterly basis.	July 2013 – January 2018	CWS Managers



<b>Strategy 3:</b> Provide Adoption promotion and support services to increase permanency for children in Solano County. Provide an evidence based program to promote and provide support to children and adoptive families to nurture lifetime commitments.	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C4.1: Placement Stability Outcome: Placement Stability (8 days to 12 months)
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Identify service criteria, develop and conduct an RFP for an evidenced based program to promote adoption and provide supportive services to pre and post adoptive families. This program will include an evidenced based evaluation.	October 2012 - November 2012	Administrative Manager
B. Select service provider and put contract in place for adoption promotion and supportive services	December 2012 – January 2013	Administrative Manager
C. Develop referral process and train CWS staff on available adoption promotion and supportive services	February 2013 – February 2013	CWS Managers and Contractor
D. Establish quarterly meetings with service providers and CWS to review quarterly data and implementation issues	April 2013 – January 2018	Contract Manager

E. Monitor performance for any needed changes to process and services for adoption promotion and supportive program	January 2013 – January 2018	CWS Contract Manager
<b>Strategy 4:</b> Increase Relative placements through improvement of the relative approval process and development of supports for these caregivers, including the child welfare and probation systems and the community at large and enhance Family Finding efforts by engaging extended family members while the child is in care	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C4.1: Placement Stability Outcome: Placement Stability (8 days to 12 months)
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Identify service criteria, develop and conduct an RFP for an evidenced based program for kinship support and navigation services including support groups, referral sources, and case management. This program will include an evidenced based evaluation.	October 2012 - November 2012	Administrative Manager

<b>B.</b> Select service provider and put contract in place for kinship support services	December 2012 – January 2013	Administrative Manager
<b>C.</b> Develop referral process and train CWS staff to access kinship supportive services	February 2013	CWS Managers and Contractor
<b>D.</b> Establish quarterly meetings with service providers and CWS to review quarterly data and implementation issues	April 2013 – January 2018	Contract Manager
<b>E.</b> Monitor performance for any needed changes to process and services for kinship support contract	January 2013 – January 2018	Contract Manager
<b>F.</b> Finalize policy and train on Relative Search and Notification Policy. Develop a business object report to track the frequency of Family Finding efforts.	March 2013 – March 2013	CWS Managers
<b>G.</b> Increase use of available external resources to locate and engage relatives	January 2013 – December 2013	CWS Manager

H. Utilize kinship support services to maintain relative placements and enhance permanency planning	April 2013 – January 2018	CWS Staff
I. Develop Business Objects report or other tracking mechanism to be reviewed quarterly to determine if Family Finding efforts have increased	April 2013 – January 2018	IT and CWS Managers
<b>Strategy 5:</b> Ensure consistency in the use of Permanency Team Meetings.	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.3: Reunification within 12 months (6 month entry cohort) C4.1: Placement Stability Outcome: Placement Stability (8 days to 12 months)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Ongoing training for staff on facilitation skills	November 2012 – January 2018	CWS Managers
B. Maintain and review data on permanency meetings via monthly Business Objects reports.	January 2013 – January 2018	IT and CWS Managers

C. Hold staff accountable to have meetings as outlined in the PTM and TDM protocols	January 2013 – January 2018	CWS Supervisors
<p><b>Strategy 6:</b> Provide intensive prevention and early intervention services to at-risk youths not known to Child Welfare Services.</p>	<div> <input type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A </div>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> Substantiation Rates</p>
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Identify service criteria, develop and conduct an RFP for an evidenced based positive youth development program to assist at risk youth in developing skills so that they can become healthier and not become known to the Child Welfare or Probation system. This program will include an evidenced based evaluation.	October 2012 - November 2012	Administrative Manager
B. Select service provider and put contract in place for a positive youth development program.	December 2012 - January 2013	Administrative Manager

C. Establish quarterly meetings with service providers and CWS to review quarterly data and implementation issues	April 2013 – January 2018	Contract Manager
D. Monitor performance for any needed changes to process and services for positive youth development program	January 2013 – January 2018	Contract Manager

## PROBATION

<b>Strategy 1:</b> Improve and increase access to mental health services for youth involved in the probation system.	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.3: Reunification within 12 months (6 month entry cohort) C3.3: Exits to Permanency
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Actively participate in the RFP process to secure mental health services.	October 2012 – December 2012	Probation Manager or Placement SDPO
B. Refer identified youth and families to the procured services, monitor performance and track progress.	March 2013 – January 2018	Placement DPO/Probation staff
C. Develop an evaluation process that includes random case reviews, and exit surveys to track service delivery.	March 2013 to June 2013	Probation Manager and/or Probation SDPO
D. Based on the evaluation process determine if any policy or practices need to be updated based on the 2013-2018 System Improvement Plan.	June 2013 - January 2018	Probation Manager and/or Probation SDPO

<b>D.</b> Participate in RFP to establish service broker to provide support to families in accessing available resources including a "warm handoff" from CWS to community resources	October 2012 - November 2012	CWS Administrator
<b>E.</b> Refer families to service broker provider	February 2013 – February 2013	Placement DPO
<b>F.</b> Attend established quarterly meetings with service providers, CWS, and Probation to review quarterly data and implementation issues	April 2013 – January 2018	Probation Manager or Placement SDPO

<b>Strategy 2:</b> Improve and increase access to Alcohol and Other Drug (AOD) services for youth involved with the Probation systems	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C1.3: Reunification within 12 months (6 month entry cohort) C3.3: Exits to Permanency
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Actively participate in the negotiations with CWS and Substance abuse	January 2013 – January 2013	Probation Manager and/or Placement SDPO



<b>B.</b> Refer eligible youth and families to the procured services and track what services are provided.	March 2013 – January 2018	Placement DPO/Probation staff
<b>C.</b> Develop an evaluation process that includes random case reviews, and exit surveys to track service delivery.	March 2013 to June 2013	Probation Manager or Probation SDPO
<b>D.</b> Based on the evaluation process determine if any policy or practices need to be modified <b>based on the 2013-2018 System Improvement Plan</b>	June 2013 - January 2018	Probation Manager and/or Placement SDPO
<b>E.</b> Participate in RFP to establish service broker to provide support to families in accessing available resources including a "warm handoff" from CWS to community resources	October 2012 - November 2012	CWS Administrator
<b>F.</b> Refer families to service broker provider	February 2013 – February 2013	Probation DPO/Probation staff

<b>Strategy 4:</b> Enhance Family Finding efforts and permanency planning by engaging extended families while the youth is in care.	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>  C3.3: In care 3 years or longer (Emancipated/Age 18)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Educate families about the purpose of Family Finding, focusing on permanent connections.	January 2013 – January 2018	Probation Officers
B. Determine the fiscal feasibility of a search engine, either through the TLO procurement or Child Welfare.	January 2013 - July 2013	Probation Manager and/or Placement SDPO
C. Determine the fiscal feasibility of utilizing "Skype" technology to encourage more frequent contact and engagement of family.	January 2013 - July 2013	Probation Manager and/or Placement SDPO
D. Develop an internal policy and process for family finding. With priority for those youth whose concurrent plan states they are at risk of not returning home at the completion of treatment.	July 2013 - December 2013	Probation Manager and/or Placement SDPO and Placement Officers

<b>E.</b> Train staff on the importance of Family Finding for permanency for youth, and policies and procedures.	January 2014 – January 2014	Placement SDPO and Placement Officers
<b>F.</b> Conduct case reviews to ensure that policies and procedures are being followed.	July 2014, July 2015, July 2016, July 2017	Placement SDPO
<b>G.</b> Revise policies, procedures and any subsequent training needed to ensure adherence.	August 2014, August 2015, August 2016, August 2017	Probation Manager and Placement SDPO

<b>Strategy 7:</b> Improve self-sufficiency and re-integration into the community for youth through linkage to ILP services.	<input type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> C3.3: In care 3 years or longer (Emancipated/Age 18)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Establish a relationship with the ILP provider to address issues for high risk minors who have resolved delinquency including housing, employment and education.	January 2013 – January 2018	Probation Manager, Placement SDPO and Probation Officers

<b>B.</b> Train probation officers on what is available in the community for probation youth and document ILP efforts.	June 2013 – June 2013	Probation SDPO's and Probation staff
<b>C.</b> Begin educating minors in local resources earlier in placement to establish connections upon return to community	January 2013 – January 2018	Placement Officers
<b>D.</b> Find ways to connect minors with employment, continued education/training, counseling and housing information; provide a local resource.	January 2013 – January 2018	Placement Officers
<b>E.</b> Connect minors exiting care with educational assistance from Solano County Office of Education.	April 2013 – January 2018; 90 days prior to minors exiting placement	Placement Officers

**CWSOIP Narrative** CWSOIP funds will be used to support the consistent use of permanency team meetings. Solano County uses a variety of meetings to support permanency including Team Decision Making Meetings (TDM), Family Meetings (SOP), Permanency Team Meetings (PTM), and Meetings to Assess Permanency (MAP). Staff will time study to capture the time spent preparing for, facilitating, and attending permanency meetings. Team Decision Making Meetings are held whenever a child is removed from their home or is at risk of removal. TDMs will support S1.1 No Recurrence of Maltreatment and C1.3 Timely Reunification. Family Meetings are held monthly with a family receiving Family Maintenance Services to support the children remaining in their own home and prevent reoccurrence of abuse and neglect and foster care entry. PTM participation is a strategy to support reunification C1.3 outcome. Permanency Team meetings are held with staff and families to address early and ongoing permanency goals in a child's life. It will also support C4.1: Placement Stability Outcome. Involving family in a child's life around permanency can help identify family and relatives that can provide placement stability and/or permanency, should reunification fail. Meetings to Assess Permanency are held to review the permanency efforts for youth in the Permanent Placement Program. These meetings will also support C4.1.

F. Cover Sheet

<b>CAPIT/CBCAP/PSSF CONTACT AND SIGNATURE SHEET</b>	
<b>Period of Plan:</b>	January 16, 2013 – January 15, 2018
<b>Date Submitted:</b>	DECEMBER 21, 2012
<b>Submitted by:</b>	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
<b>Name &amp; title:</b>	Linda Orrante, LCSW, Deputy Director
<b>Signature:</b>	
<b>Address:</b>	275 Beck Avenue, Fairfield, CA 94533
<b>Fax:</b>	(707) 421-7709
<b>Phone &amp; E-mail:</b>	(707) 784-8331 Lsorrante@solanocounty.com
<b>Submitted by:</b>	Child Abuse Prevention Council (CAPC) Representative
<b>Name &amp; title:</b>	Louise Harris, Aldea
<b>Signature:</b>	
<b>Address:</b>	470 Chadbourne Road, Fairfield, CA 94533
<b>Fax:</b>	
<b>Phone &amp; E-mail:</b>	(888) 992-5332 lharris@aldeainc.org
<b>Submitted by:</b>	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
<b>Name &amp; title:</b>	Sabrina Champion, Parent
<b>Signature:</b>	
<b>Address:</b>	
<b>Fax:</b>	
<b>Phone &amp; E-mail:</b>	

## CAPIT/CBCAP/PSSF Contact and Signature Sheet (continued)

<b>Submitted by:</b>	<b>PSSF Collaborative Representative, if appropriate</b>
<b>Name &amp; title:</b>	Gloria Diaz, Vacaville First
<b>Signature:</b>	
<b>Address:</b>	312 Cernon Street #D, Vacaville, CA 95688
<b>Fax:</b>	
<b>Phone &amp; E-mail:</b>	(707) 469-6613 gdiaz@cityofvacaville.com
<b>Submitted by:</b>	<b>CAPIT Liaison</b>
<b>Name &amp; title:</b>	Linda Orrante, LCSW, Deputy Director
<b>Address:</b>	275 Beck Avenue, Fairfield, CA 94533
<b>Fax:</b>	(707) 421-7709
<b>Phone &amp; E-mail:</b>	(707) 784-8331 Lsorrante@solanocounty.com
<b>Submitted by:</b>	<b>CBCAP Liaison</b>
<b>Name &amp; title:</b>	Linda Orrante, LCSW, Deputy Director
<b>Address:</b>	275 Beck Avenue, Fairfield, CA 94533
<b>Fax:</b>	(707) 421-7709
<b>Phone &amp; E-mail:</b>	(707) 784-8331 Lsorrante@solanocounty.com
<b>Submitted by:</b>	<b>PSSF Liaison</b>
<b>Name &amp; title:</b>	Linda Orrante, LCSW, Deputy Director
<b>Address:</b>	275 Beck Avenue, Fairfield, CA 94533
<b>Fax:</b>	(707) 421-7709
<b>Phone &amp; E-mail:</b>	(707) 784-8331 Lsorrante@solanocounty.com
<b>Board of Supervisors (BOS) Approval</b>	
<b>BOS Approval Date:</b>	December 11, 2012
<b>Name:</b>	Linda Seifert, Board Chair
<b>Signature:</b>	

## G. CAPIT/CBCAP/PSSF Plan

*CAPC Description* The Solano County Child Abuse Prevention Council was formed by Board of Supervisors' action on November 4, 1997 as a means to approve public awareness and interagency coordination and collaboration to detect, intervene and prevent child abuse. The Solano County Child Abuse Prevention Council is funded through Children's Trust Fund and County General funds. The Children's Network, a non-profit 501c 3, is the agency designated by the Solano Board of Supervisors to coordinate and staff the Child Abuse Prevention Council.

The purpose of the Council is to:

1. Provide a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases;
2. Promote public awareness of the abuse and neglect of children and the resources available for intervention and treatment;
3. Encourage and facilitate training of professionals in the detection, treatment, and prevention of child abuse and neglect;
4. Recommend improvements in services to families and victims;
5. Encourage and facilitate community support for child abuse and neglect programs.

The Council establishes priorities in order to facilitate better integration of child abuse services within Solano County. The Council provides advice and recommendations to the Board of Supervisors regarding the adoptions and implementation of policies and actions that may be necessary in order to accomplish the Council's purposes.

In April, 2012 the Board approved the merging of the responsibilities of the CAPC with the PSSF Collaborative and the Children's Trust Fund Commission with that of the Children's Alliance. The Alliance will be responsible for fulfilling the statutory requirements and providing the community input needed by the County to fulfill the outcomes of the SIP. As of October 1, 2012 the designated public agency for oversight of the Children's Alliance and the contract for their staff support are with First 5 Solano.

The total funding for CAPC (which is not combined with the PSSF/CAPIT/CBCAP & CTF Commission) is as follows:

Children's Trust Fund - \$55,962  
County General fund - \$90,137



*Promoting Safe And Stable Families (PSSF) Collaborative* The Children's Alliance is a multidisciplinary body composed of broad representation from local public and private nonprofit service providers, individuals, organizations, parents, and community members, and serves as the PSSF Collaborative as well as the CAPC and Children's Trust Fund commission as of April, 2012. Members of the Alliance are appointed by the Board of Supervisors.

*County Children's Trust Fund (CCTF) Commission, Board or Council* In addition to serving as the PSSF Collaborative and CAPC, The Solano Children's Alliance also serves as the CCTF Council. The County Auditor and Department of Health and Social Services are responsible for collecting County Children's Trust Fund information. As of October 1, 2012 the designated public agency for oversight of the Children's Alliance and the contract for their staff support are with First 5 Solano. The information surrounding the CCTF is published on the Children's Network website.

*Parents/Consumers* During the 2012 CSA process, parents and consumers were invited to be a part of the focus groups that provided input into the final listing of unmet needs. In addition, parents and consumers attended the September 5, 2012 community stakeholder group and provided input into the SIP strategies. As part of the funding strategies for the Solano County SIP, CWS and Probation will include parents in quarterly service provider meetings to receive feedback on the effectiveness of service delivery. Currently, there are no parents represented on the CAPC/Alliance. Although the County values parent involvement, there are not enough resources to support a program at this time. The County will continue to look for additional resources to assist with the development of a program.

*Designated Public Agency* The Solano County Board of Supervisors designated the Department of Health and Social services (H&SS) and its Child Welfare Services Division to be the designated public agency. Staff within the CWS and Administration division will monitor all contracts, budgets, and coordination of service delivery.

*The Role of the CAPIT/CBCA P/PSSF Liaison* The Deputy Director of CWS maintains the role of the CAPIT/CBCAP/PSSF liaison and oversees the staff that provides administrative and financial management of the contracts. The contract responsibilities for these funds are listed below:

<u>Position</u>	<u>Responsibility</u>
Contract Manager	Provides overall management of the contract to ensure compliance with the general and specific terms. Work s with the vendor and staff on any issues that arise. Reviews all invoices for payment.
Staff Analyst	Provides fiscal monitoring of the contract to ensure invoices are correct, the contract is not

	overspent, and that all fiscal compliance is completed.
Contracts Bureau	Staff reviews and processes contracts and ensures contract compliance including insurance.

*Fiscal Narrative* **Fiscal Narrative:**

Solano County H&SS will maintain financial records of the CAPIT, CBCAP, and PSSF allocations and expenditures, and provide fiscal and administrative oversight of these funds. H&SS will share the responsibilities for the CCTF allocations and expenditures with First 5 Solano. All contracts are reviewed for legal sufficiency and have comprehensive ongoing oversight for funding expenditures and performance.

**Leveraging Funds:**

H&SS will work with the proposers for PSSF/CAPIT/CBCAP funding to leverage existing and new funding to enhance the services requested. These services may include other health service funding for mental health and substance abuse include Medi-Cal and CMSP; grant and foundation funding for in home services; Mental Health Services Act funding; and other resources that may become available during the course of the funding cycle.

**Supplementing State/Local Services**

The services funded by CAPIT/CBCAP/PSSF dollars will be utilized for services identified for unmet needs not currently being provided, so as not to supplant existing programs in the county.

**PSSF Funding Guidelines**

Funding expenditures shall comply with applicable regulations. H&SS is proposing to utilize 20% of the funds for Adoption Promotion, Family Preservation, and Time Limited Reunification. The remaining 40% will be utilized for Family Support Services.

*Local Agencies Request for Proposal* A competitive Request for Proposal (RFP) process will be used to select and fund prevention programs in Solano County according to the Solano County purchasing manual and will adhere to California Department of Social Services (CDSS) operations manual, section 11-400. The RFP will be open to all community based organizations serving families and children and will be posted on the County website.

Priority will be given to private, non -profit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention and intervention. The services provided will be evidence based with broad community

support, based on the needs of children at risk, not duplicative of current services being provided, and will be support by H&SS.

Programs funded will be culturally and linguistically appropriate to the populations served; services to minority populations will be reflected and provided in all service arrays funded; and funded programs will be related to the needs of children, especially those 14 years of age and under when appropriate.

Training and technical assistance will be provided to services providers utilizing existing contracts through CWS.

All providers chosen through the RFP process will be verified that they are not suspended or debarred from participation in federal program. H&SS will also ensure that they have the capacity to transmit data electronically.

For the service provider(s) funded through CAPIT, the priority for services shall be given to children who are at high risk, including children being served by the County for being abused and neglected and other children who are referred for services by legal, medical, or social service agencies. In addition, those providers submitted proposals for CAPIT funded services shall demonstrate a 10% in-kind or cash match for services provided, other than funded through CDSS.

*CBCAP Outcomes* Utilizing CBCAP funds, H&SS will conduct an RFP to provide positive youth development for at-risk, pregnant, and parenting teens and young adults. As part of the RFP, H&SS will be requiring the best evaluated proposer to conduct an evidence based program and utilize its logic model and evaluation tool that adheres to the fidelity of the program. These programs will include the engagement, short term, intermediate and long term outcomes. Once the contract is finalized, the County will address these issues with the vendor and provide more information.

*Peer Review* There is no intent to have peer review for the CBCAP funding at this time.

*Service Array* The following table represents the service array that H&SS will be funding with its PSSF/CAPIT/CBCAP allocations:

Funding Source	Service to be Provided
CBCAP	Providing community based positive youth development for at-risk, pregnant, and parenting teens and young adults.
PSSF – Family Preservation	Provide community based services to assist CWS and Title IV-E eligible Probation families in accessing available health and social services needed to stabilize their families. Services will include case management to

	refer clients to such services as parenting education, respite care, after care, preventative services, and other direct services as needed.
PSSF – Family Support	<p>Develop a kinship support service that assists relatives, care providers, and guardians in navigating and providing information and referral to the available health, social services, and community based resources. The provider will also be expected to provide a drop in center for families to receive services and link up with other families for support. The referral sources include self-referral, CWS, Probation for Title IV E eligible families, Cal-Works, and the Probate Court.</p> <p>This funding will also be utilized to provide in home based mental health services for Title IV E eligible Probation youth and families.</p>
PSSF – Time Limited Reunification	Substance abuse services will be provided for CWS and Probation families.
PSSF – Adoption Promotion	Provide community based pre and post adoptive support services, and activities to expedite and support the adoption process.
CAPIT	<p>Provide community based intensive home based behavioral health services for CWS youth and families.</p> <p>This funding will also be utilized to provide kinship support services to families referred from CWS .</p>

H&SS will hold a quarterly meeting with all of the service providers chosen through the RFP process for the services mentioned above to coordinate available services and ensure that they are integrated to the greatest extent possible. Additional county staff from mental health,

public health, substance abuse, and employment & eligibility will be invited to attend as needed to address issues brought fourth by the service providers. As stated above, parents/consumers will be invited to participate in this meeting along with a youth advocate.

There will be an expectation for all contractors that there will be at least one training for all CWS and Probation staff, as applicable, on services to be provided. For the kinship, adoption, and positive youth development programs, the expectation will be that an outreach plan is developed and implemented to reach the targeted population in the community.

*CAPIT/CBCA* See Attached Worksheet  
*P/PSSF*  
*Services*  
*And*  
*Expenditure*  
*Summary*

## H. Attachments

**Children's Alliance Members  
Children's Trust Fund Governing Body**

Kay Bosick  
Gale Bowen  
Venis Jones Boyd  
Debbie David  
Cheryl Lynn DeWerff  
Gloria Diaz  
Don DuBain  
Jewel Fink  
Phyllis Harrison  
Gail Jack  
Eileen Nolan  
Linda Orrante  
Tony Pearsall  
Debbie Peralez  
Pam Posehn  
Pam Sakamoto  
Christie Speck  
Nan Thibodeaux  
Linda Turner

**APPROVED**

NOV 4 1997

BY *[Signature]*  
CLERK OF SUPERVISORS

## AGENDA SUBMITTAL TO SOLANO COUNTY BOARD OF SUPERVISORS

SUBJECT  Approve Establishment of a Child Abuse Prevention Council and Associated Actions and an Appropriation Transfer Request in the Amount of \$26,000 from Unanticipated Revenue (4/5ths vote required)		BOARD MEETING DATE  November 4, 1997	AGENDA NUMBER  25
Department  Department of Health & Social Services Donald R. Rowe, Director Ext. 6643	Supervisorial District Number All		
Noticed/Published Hearing Required		Yes ___ No <u>X</u>	

## DEPARTMENTAL RECOMMENDATION:

The Department of Health & Social Services recommends that your Board:

- 1) Establish a Solano County Child Abuse Prevention Council with the following membership categories:
  - 3 members from Missing and Exploited Child Comprehensive Action Program (M/CAP)
  - 3 members from Partnership Against Violence, and;

Additional members from each of the following categories:

- law enforcement
- the District Attorney, or deputy
- a Judge
- the Coroner
- the County Counsel, or deputy
- children's medical and mental health services
- community based children's services
- public and private schools
- community representatives
- child protective services/public child welfare services
- child care and foster care licensing agencies
- the Probation Department

- 2) Amend a contract with the Children's Network in the amount of \$34,000 for the period of 1/1/98 to 6/30/98 to provide funding for 1.0 FTE staff support position and services and supplies necessary to support a Solano County Child Abuse Prevention Council.
- 3) Approve an Appropriation Transfer Request in the amount of \$26,000 from unanticipated



revenue to provide funding for the Children's Network for this purpose (4/5th vote required).

- 4) Allocate \$8,000 from the Children's Trust Fund to the Children's Network Council to assist in funding staff support activities of the proposed Child Abuse Council.
- 5) Direct the Children's Network Council to return in three months to your Board for approval of the council by-laws and membership, first year proposed budget and work plan for the Child Abuse Prevention Council.

#### CAO RECOMMENDATION:

### APPROVE DEPARTMENT RECOMMENDATION

#### SUMMARY/DISCUSSION:

As previously recommended by the Children's Network Council, their Board has set aside \$8,000 of the Children's Trust Fund annually to provide funding for the Child Abuse Prevention Council. This action is in accord with state statute and guidelines in W&I codes 18968 through 18983.4, which outlines county responsibilities for Child Abuse Councils and for utilization of the Children's Trust Fund.

Efforts have been on-going for the past three years to establish a functioning Child Abuse Prevention Council for Solano County as a means to improve public awareness and interagency coordination and collaboration to detect, intervene, and prevent child abuse. It appears that the success of this effort is dependent upon having adequate support staff within a nonprofit agency that has a strong demonstrated fiscal and children's advocacy track record. (Statute permits the use of a separate county office to provide for this function, but does not permit children's trust fund monies to be used by county-operated programs.) Attached is some national data on child abuse and neglect for your information.

The proposed Council needs to be established to comply with state guidelines, and to provide a forum for a focused effort to address child-abuse specific services and protocols across agencies and organizations.

The duties of this Council would include:

- a) To provide a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases.
- b) To promote public awareness about abuse and neglect of children and the resources available for prevention, intervention, and treatment.
- c) To encourage and facilitate training of professionals in the detection, treatment, and prevention of child abuse and neglect.
- d) To recommend improvements in services to families and victims of child abuse and neglect.
- e) To encourage and facilitate community-wide support for child abuse and neglect prevention and treatment programs.

To avoid any appearance of conflict of interest, the Department and not the Children's Network Council, recommends that \$8,000 annually be used for this purpose from the funds reserved in the Children's Trust. Additional matching funding is being requested from private sources to offset the cost of a full time staff position.

The Children's Network will return to the Board within three months with by-laws and membership, a work plan, and a proposed budget for the Child Abuse Council.

#### ALTERNATIVES:

The Board could choose not to support the recommendations and do nothing or select another agency to be responsible for this issue.

#### OTHER AGENCY INVOLVEMENT:


The County Administrator has reviewed this item and the following agencies and/or representative have been involved in discussion of this item:

Children's Network Council  
Missing and Exploited Child Comprehensive Action Program (M/CAP)  
Partnership Against Violence  
Children's Policy and Planning Council  
Coalition for Better Health

#### FINANCING:

The annualized staffing and support cost to adequately support the work of the proposed Child Abuse Prevention Council is estimated at \$67,000. Start-up funding for the first year will be provided from January 1, 1998 through June 30, 1998. It is recommended that \$26,000 in unanticipated Medi-Cal Administration Claim monies recently received by this Department, and \$8,000 from the Children's Trust Reserve Fund already included in the FY 97-98 Department Budget, be utilized to fund the first 6 months of operations. For FY 98-99 this Department will recommend continuation of funding from both of these a sources (Department and Trust Fund) and seek additional support from private sources. An application requesting matching monies is being prepared for submission to Kaiser Permanente.

#### DEPARTMENT HEAD SIGNATURE:

  
Donald R. Rowe, Director  
Health and Social Services

10/27/97  
Date

Attachment 1 - National Child Abuse and Neglect Statistical Fact Sheet Data  
Attachment 2 - Appropriation Transfer

## NATIONAL CHILD ABUSE AND NEGLECT STATISTICAL FACT SHEET

- Investigations by child protective services (CPS) agencies in 49 States determined that over 1 million children were victims of substantiated or indicated child abuse and neglect in 1995.
- In 1995, CPS agencies investigated an estimated 2 million reports alleging the maltreatment of almost 3 million children. More than half of all reports alleging maltreatment came from professionals, including educators, law enforcement and justice officials, medical and mental health professionals, social service professionals, and child care providers. About 19 percent of reports came from relatives of the child or from the child himself. Reports from professionals are more likely to be substantiated or indicated than reports from nonprofessional sources.
- More children suffer neglect than any other form of maltreatment. Investigations determined that about 52 percent of victims in 1995 suffered neglect, 25 percent physical abuse, 13 percent sexual abuse, 5 percent emotional maltreatment, 3 percent medical neglect, and 14 percent other forms of maltreatment. Some children suffer more than one type of maltreatment.
- Child abuse and neglect affects children of all ages. Among children confirmed as victims by CPS agencies in 1995, more than half were 7 years of age or younger, with about 26 percent younger than 4 years old. About 26 percent of victims were children ages 8 - 12; another 21 percent were youth ages 13 - 18. Case-level data from 11 States suggest that the majority of victims of neglect and medical neglect were younger than 8 years old, while the majority of victims of other types of maltreatment were age 8 or older.
- Both boys and girls experience child maltreatment in 1995, about 52 percent of victims were female and 47 percent were male.
- Child maltreatment can result in the death of a child. In 1995, 45 States reported that 996 children were known by CPS agencies to have died as a result of abuse or neglect. Case-level data suggest that most of these children were 3 years of age or younger. Not all child maltreatment fatalities are reported to CPS agencies.
- Several studies suggest that even more children suffer from abuse or neglect than are seen through official statistics from State CPS agencies. Based on reports received and investigated by CPS agencies in 1995, about 15 children per 1,000 children younger than 18 in the general population were found to be victims of abuse or neglect. The Third National Incidence Study of Child Abuse and Neglect (a study involving 5,600 community professionals who come into contact with children) estimates that 42 children per 1,000 in the population may have been victims of abuse or neglect in 1993. A 1995 telephone survey of parents conducted by the Gallup Poll estimated that as many as 49 children per 1,000 in the population suffered physical abuse and 19 per 1,000 suffered sexual abuse.

## Sources:

*U.S. Department of Health and Human Services, Child Maltreatment 1995: Reports from the States to the National Child Abuse and Neglect Data System (Washington, D.C.: U.S. Government Printing Office, 1997).*

*U.S. Department of Health and Human Services, The Third National Incidence Study of Child Abuse and Neglect (Washington, D.C.: U.S. Government Printing Office, 1996).*

*Disciplining Children in America: A Gallup Poll Report, December 1995.*

## IN FACT...

## ANSWERS TO FREQUENTLY ASKED QUESTIONS ON CHILD ABUSE AND NEGLECT

*The maltreatment of children is a national problem. Many organizations are researching child abuse and neglect in the United States to determine the scope of the problem and to determine its effects. This fact sheet synthesizes information from many sources to address 10 frequently asked questions about child maltreatment. Much of the data come from the National Child Abuse and Neglect Data System (NCANDS) and the Third National Incidence Study of Child Abuse and Neglect (NIS-3), both sponsored by the National Center on Child Abuse and Neglect (NCCAN). The NCANDS annually collects and analyzes information on child maltreatment provided by State child protective services (CPS) agencies. These CPS agencies are public social service organizations with primary responsibility for receiving and responding to reports of alleged maltreatment. The NIS periodically surveys community professionals who come into contact with children (5,600 professionals in 1993) to estimate the incidence of child maltreatment including both cases reported and not reported to CPS.*

## 1. HOW MANY CHILDREN ARE REPORTED AND INVESTIGATED FOR ABUSE OR NEGLECT EACH YEAR?

In 1995, CPS agencies investigated an estimated 2 million reports that involved the alleged maltreatment of almost 3 million children.

## 2. HOW MANY CHILDREN ARE VICTIMS OF MALTREATMENT?

In 1995, CPS determined that over 1 million children were victims of substantiated or indicated child abuse and neglect. The term "substantiated" means that an allegation of maltreatment was confirmed according to the level of evidence required by State law or State policy. The term "indicated" is an investigation finding used by some States when there is insufficient evidence to substantiate a case under State law or policy, but there is reason to suspect that maltreatment occurred or that there is risk of future maltreatment.

Several studies suggest that more children suffer from abuse or neglect than are evident in official statistics from State CPS agencies. Based on reports received and investigated by CPS agencies in 1995, about 15 children per 1,000 younger than 18 in the general population were found to be victims of abuse or neglect. Based on surveys of community professionals, the NIS-3 estimates that 42 children per 1,000 in the population were harmed or endangered by abuse or neglect in 1993. A 1995 telephone survey of parents conducted by the Gallup Poll estimated that as many as 49 children per 1,000 in the population suffered physical abuse and 19 per 1,000 suffered sexual abuse.

## 3. IS THE NUMBER OF ABUSED OR NEGLECTED CHILDREN INCREASING?

As estimated by the NIS, there has been a substantial increase in the number of children harmed by abuse or neglect. Over a 7-year period, the estimated number of children who experienced harm from abuse or neglect increased 67 percent, from 931,000 children in 1986 (NIS-2) to 1,553,800 in 1993 (NIS-3). The 1993 estimate reflected an 149 percent increase over the 625,100 children estimated to have experienced harm from abuse or neglect in 1980 (NIS-1). In particular, the estimated number of seriously injured children has increased and quadrupled, from 141,700 in 1986 (NIS-2) to 565,000 in 1993 (NIS-3).

## 4. WHAT ARE THE MOST COMMON TYPES OF MALTREATMENT?

Neglect is the most common form of child maltreatment. CPS investigations determined that 52 percent of victims in 1995 suffered neglect, 25 percent physical abuse, 13 percent sexual abuse, 5 percent emotional maltreatment, 3 percent medical neglect, and 14 percent other forms of maltreatment. Some children suffer more than one type of maltreatment.

## 5. WHO ARE THE CHILD VICTIMS?

Child abuse and neglect affects children of all ages. Among children confirmed as victims by CPS agencies in 1995, more than half were 7 years old or younger, and about 26 percent were younger than 4 years old. Approximately 26 percent of victims were children ages 8 to 12; another 21 percent were youth ages 13 to 18. Case-level data from 11 States in 1995 suggest that the majority of victims of neglect and medical neglect were younger than 8 years old, while the majority of victims of other types of maltreatment were age 8 or older.

Both boys and girls experience child maltreatment. In 1995, 52 percent of victims of maltreatment were female and 47 percent were male. Some differences exist by type of maltreatment. For example, the NIS-3 found that girls were sexually abused three times more often than boys.

Monday, August 11, 1997

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While children of families in all income levels suffer maltreatment, studies suggest that family income is related to incidence rates. The NIS-3 found that children from families with annual incomes below \$15,000 per year were more than 25 times more likely than children from families with annual income above \$30,000 to have been harmed or endangered by abuse or neglect in 1993.

#### 6. HOW MANY CHILDREN DIE FROM ABUSE OR NEGLECT EACH YEAR?

In 1995, 45 States reported that 996 children were known by CPS agencies to have died as a result of abuse or neglect. Not all child maltreatment fatalities are reported to CPS agencies. Analysis of case-level data from 9 States in 1993 suggests that 43 percent of child fatalities were children younger than 1 year of age, and 81 percent were 3 years old or younger. Physical abuse was the maltreatment most commonly associated with the death of the child victim (33%). Another 30 percent were associated with both physical abuse and at least one other type of maltreatment.

#### 7. WHO ABUSES AND NEGLECTS CHILDREN?

The majority of children in the 1993 NIS-3 were maltreated by birth parents (78%). Fewer children were maltreated by non-birth parents or parent-substitutes, such as a step-parent, foster parent, adoptive parent, separated or divorced spouse of an in-home parent, or parent's boyfriend or girlfriend (14%), or by others (9%). Perpetrators tend to differ by type of maltreatment. Eighty-seven percent of children neglected were neglected by a female. Sixty-seven percent of abused children were abused by males. The NIS-3 suggests that perpetrators of sexual abuse are different than perpetrators of other types of maltreatment. Slightly more than one-fourth (29%) of sexually abused children in the NIS-3 study were abused by a birth parent and one-fourth (25%) were sexually abused by a non-birth parent or parent-substitute. Nearly one-half had been sexually abused by someone other than a parent or parent figure.

#### 8. ARE VICTIMS OF CHILD ABUSE MORE LIKELY TO ENGAGE IN CRIMINALITY LATER IN LIFE?

According to a 1992 study sponsored by the National Institute of Justice (NIJ), maltreatment in childhood increases the likelihood of arrest as a juvenile by 53 percent, as an adult by 38 percent, and for a violent crime by 38 percent. Being abused or neglected in childhood increases the likelihood of arrest for females by 77 percent. Physically abused children are more likely than child victims of other types of maltreatment to be arrested for a violent crime. A related 1994 NIJ study indicated that children who were sexually abused were 28 times more likely than a matching control group of non-abused children to be arrested for prostitution as an adult.

#### 9. IS THERE ANY EVIDENCE LINKING ALCOHOL OR OTHER DRUG USE TO CHILD MALTREATMENT?

A 1993 study by the U. S. Department of Health and Human Services found that children in alcohol-abusing families were nearly 4 times more likely to be maltreated overall, almost 5 times more likely to be physically neglected, and 10 times more likely to be emotionally neglected than children in non-alcohol abusing families. Estimates suggest that 50 to 80 percent of all child abuse cases substantiated by CPS involve some degree of substance abuse by the child's parents.

#### 10. WHO REPORTS CHILD MALTREATMENT?

In 1995, more than half of all reports alleging maltreatment came from professionals, including educators, law enforcement and justice officials, medical and mental health professionals, social service professionals, and child care providers. About 19 percent of reports came from relatives of the child or from the child. Reports from professionals are more likely to be substantiated or indicated than reports from nonprofessional sources.

#### REFERENCES

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- U. S. Department of Health and Human Services, National Center on Child Abuse and Neglect, *Child Abuse and Neglect Case-Level Data 1993: Working Paper 1* (Washington, DC: Government Printing Office, 1996).
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*Disciplining Children in America: A Gallup Poll Report.* (1995)

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Widom, C. S., and Ames, M. A., "Criminal Consequences of Child Sexual Victimization," *Child Abuse and Neglect*, 18 (1994): 303-318.

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U. S. Department of Health and Human Services, National Center on Child Abuse and Neglect, *National Incidence and Prevalence of Child Abuse and Neglect: The 1988 Revised Report (NIS-2)* (Washington, DC: Government Printing Office, 1991).

Child Welfare League of America, *Highlights of Questions from the Working Paper on Chemical Dependency* (Washington, DC: Child Welfare League of America, 1989)

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For more information or to order a free copy of: *Child Maltreatment 1995: Reports from the States to the National Child Abuse and Neglect Data System*; *Child Abuse and Neglect Case-Level Data 1993: Working Paper 1*; *Third National Incidence Study of Child Abuse and Neglect: Final Report or Executive Summary, A Nation's Shame: Fatal Child Abuse and Neglect in the United States*, contact:

National Clearinghouse on Child Abuse and Neglect Information  
P.O. Box 1182  
Washington, DC 20013-1182  
(800) FYI-3366 or (703) 385-7565  
E-mail: [nccarb@calib.com](mailto:nccarb@calib.com)

Copies of *A Report on Child Maltreatment in Alcohol-Abusing Families* are also available for a cost recovery fee of \$26.00.

Be sure to include the name of the publication you are ordering, your name, address, and telephone number.

[[Back to Prevention Month Resources](#)]

## ATTACHMENT H

Board of Supervisors Resolution Identifying Commission, Board or Council for Administration of  
County's Children's Trust Fund

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374  
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AGENDA SUBMITTAL TO SOLANO COUNTY BOARD OF SUPERVISORS

APPROVED

APR 23 1996

BY *[Signature]*  
CLERK OF BOARD

SUBJECT		BOARD MEETING DATE	AGENDA NUMBER
Authorization to Increase Birth Certificate Fee, Pursuant to State Law (chapter 880)		4/23/96	24B
Department	Health & Social Services Molra Sathya, Assistant Director Extension: 6279	Supervisors/ District Number	All
Public Hearing Required		Yes <input type="checkbox"/> No <input type="checkbox"/>	

## DEPARTMENTAL RECOMMENDATION:

The Health and Social Services Department recommends that your Board amend, by adoption of the attached Resolution, Exhibit H to the Solano Code Section 11-110.3, charging an additional \$3.00 fee for certified copies of birth certificates, pursuant to legislation (SB 750; Chapter 880) to be deposited in the Children's Trust Fund for the purpose of child abuse and neglect prevention.

## CAO RECOMMENDATION:

APPROVE DEPARTMENT  
RECOMMENDATION

## SUMMARY:

Solano County has previously established a Children's Trust Fund. A portion of fees charged for a certified copy of birth certificates is deposited into the Trust. Per Board direction, the Children's Network tri-annually makes recommendations to the Board regarding the use of these funds for child abuse and neglect prevention services in the community. Currently the portion of the fee deposited into the Trust generates approximately \$42,000 annually in revenue. Additional revenues are received from donation directly to the fund which are solicited by the Children's Network through a tax insert process. The additional \$3.00 fee will generate approximately \$31,500 annually. The increased fee will be utilized in part to fund the activities of a proposed Child Abuse Prevention Council in Solano County, and in part to augment prevention activities and direct services to Children at risk of abuse or neglect.

## DISCUSSION:

In October, 1995, the Governor signed legislation authorizing Counties to increase the fee charged for certified copies of birth certificates by \$3.00. The current fee is \$13.00; of which \$3.60 is deposited into the Trust. The increased amount must be deposited into the Children's

*Auditor /*  
*CC /*  
*Recorder /*  
*HSS /*

Trust Fund for the purpose of child abuse and neglect prevention. The Children's Network has been charged by your Board to make recommendations tri-annually with annual review regarding the use of these funds. It is intended that this procedure would continue, to include the increased fee amount.

The County may also establish a Child Abuse Prevention Council. Previously, such a council has existed in Solano County, but was discontinued. In 1982, the Board designated the Children's Network as the local non-profit agency responsible for the Children's Trust Fund, including the insurance of RFPs, recommendations to the Board of Supervisors, and contract management with agencies receiving funds. In the past, funds have been utilized to support programs such as "Just For Kids", Community Treatment Center, Shamala House, and Youth and Family Services. At this time, the Children's Network is working with both M/CAP and the Solano Partnership Against Violence to explore the feasibility of re-establishing a Child Abuse Prevention Council. The purpose of this council (pursuant to section 18982 W&I code) is "to coordinate the community's effort to prevent and respond to child abuse." The council would:

- A) provide forum for interagency cooperation and coordination
- B) promote public awareness of child abuse and neglect, including resources for prevention
- C) encourage and facilitate training of individuals in the field
- D) recommend improvement in services, such as the creation of an MDIC
- E) encourage and facilitate community support for child abuse and neglect programs

It is the Network's recommendation that a portion of the funds from the increase in Children's Trust Fund revenues be reserved for the purposes of supporting this Council, to be released to the appropriate body when a workable plan has been developed. The planning, proposal development and approval process for the services to be provided with the balance of the funds will proceed permitting continuity of services. (The next round of funding becomes available July 1, 1996).

#### ALTERNATIVES:

The Board could choose not to approve the increase fee, resulting in fewer dollars available for child abuse prevention activities, and presumably, increased cost to child abuse interdiction and treatment activities.

#### OTHER AGENCY INVOLVEMENT:

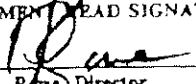
The Children's Network, District Attorney, M/CAP, and the Partnership Against Violence participated in the development of the recommendation to increase the fee and to pursue establishment of a Child Abuse Prevention Coordination Council. The County Administrator's Office has reviewed this item. The Recorder's Office has been apprised of the recommendation to increase the fee.



FINANCING:

Fees are currently collected for the issuance of certified copies of birth certificates by the Health & Social Services Department and the Recorder's Office. A portion (\$3.60) is deposited currently into the Children's Trust Fund, pursuant to law, a portion is distributed to the State (\$2.80) and the balance is retained to offset the County's Recorded and Vital Statistic operations. The Local Registrar and County Recorder may retain an amount not to exceed 10% to offset the administrative costs of collecting these fees, pursuant to (Section 10605 of the Health and Safety code). There is no net County cost associated with the recommendation.

DEPARTMENT HEAD SIGNATURE:

  
Donald R. Rowe, Director  
Health and Social Services Department

4-16-96  
Date

- Attachment 1 Resolution of the Board of Supervisors of Solano County Adopting a Fee increase for certified copies of Birth Certificates.
- Attachment 2. Public Hearing Notice Publication.
- Attachment 3 Exhibit D) to Solano County Code Section 11-110.3.

**RFP Descriptions:****RFP #G99-1024-03****Service Brokers**

The purpose of this RFP is to assist at-risk children and families in obtaining supports offered through community resources. The selected contractor shall develop a working relationship with the person and the person's family in order to assist them in achieving identified outcomes. This RFP supports Strategy #1 (Mental Health Services) and Strategy #2 (Alcohol and Other Drugs). The selected contractor will:

1. Assist individuals and families in identifying and creating support options by finding available community resources that will best serve the person's needs and linking the person to those resources. At a minimum, services will be available in English and Spanish.
2. Provide services to clients with a referral from either Child Welfare Services (CWS) or Probation staff.
3. Provide the following services when indicated:
  - a) Inform and educate the client and the client's family on the community resources that are available to them and those services that will best serve their needs;
  - b) Help the person to problem solve by helping them to identify support options outside the immediate family to individuals such as neighbors, clergy, and co-workers;
  - c) Connect the person with government and community-based services such as social services and mental health services;
  - d) Link the person to supports available within the public school system;
  - e) Link the person to resources to help the person with social security benefits;
  - f) Link the person to resources for locating and accessing affordable housing;
  - g) Find and facilitate the person's efforts to acquire financial assistance, such as budgeting finances, identifying social security benefits, Medi-Cal benefits, other local, state or federal program supports and Representative Payee;
  - h) Find and facilitate transportation supports; Link the person to resources which can provide the client with transportation to and from appointments as needed;
  - i) Assist the person in obtaining necessary documentation to receive services, e.g., government-issued identification;
  - j) Find resources for resolving guardianship issues;
  - k) Find resources for job support/education/training, such as supported employment opportunities, finding mentors, and obtaining information on programs offered through higher education institutions;
  - l) Find assistance on Assistive Technology/Adaptation;
  - m) Locate and facilitate assistance with health care.

**Positive Youth Development Services  
Proposed Scope of Work  
RFP #G99-1024-02**

**Contract Description:**

The Contractor will provide positive activities and opportunities that help prevent youth from engaging in potentially harmful behaviors by providing positive substitutes for negative behavior. The Contractor will offer services that promote youths' ongoing development and maturation, thereby helping youth recognize and reduce risk-taking behaviors and constituting a teen pregnancy prevention strategy.

The youth development program will:

- offer guided assistance to help young people clarify their life goals, complete school, and plan for careers.
- offer emotional and psychological support, helping teens cope with depression, substance abuse, family and relationship problems, and other issues which affect the ability of young people to protect themselves.
- encourage participants to engage in a range of constructive activities, thereby helping young people postpone or abstain from sexual activity.
- foster a sense of achievement, self-worth, and potential life options in young people, and instill in young people the motivation to delay childbearing.

**Target Population**

Youth development programs are especially important for young people who have little or no support from families, neighborhoods, schools, and communities of faith. These hard-to-reach and underserved youth are often particularly vulnerable to high risk behavior and frequently lack access to reproductive health services. They include:

- street youth
- out-of-school youth
- youth who use drugs and/or alcohol
- gay, lesbian, bisexual, and transgender youth
- survivors of childhood sexual victimization
- youth with mental or physical disabilities

**Work Activities. Contractor shall:**

1. Provide an evidence-based model to provide positive youth development services that include pregnancy prevention strategies.
2. Tailor programs to meet the cultural, racial/ethnic, and language backgrounds of participants.
3. Conduct outreach activities to engage members of the target population.
4. Involve families in services provided as much as possible.
5. Services to be provided through the proposal may include, but are not limited to the following:
  - a. Strengthen academic skills and opportunities
  - b. Provide intensive services for youths in the target populations

- c. Strengthen school-to-work programs
  - d. Offer mentoring programs
  - e. Involve young people in their communities
  - f. Involve the community in expanding life options for youth
  - g. Offer prevention services and support to men
  - h. Provide youth development activities that enhance self-esteem, increase resiliency and protective factors
  - i. Ensure access to mental health counseling
- 6. Improve access by teens to basic, accurate information regarding sexual activity and promote the availability of teen pregnancy prevention education and resources to the target population.
  - 7. Provide educational opportunities for parents to address the "disconnect" between parent/teen perceptions and encourage parent/teen dialogue.
  - 8. Provide positive youth development curriculum to at risk teens and youth throughout Solano County.
  - 9. Provide staff to attend quarterly contractors meeting with County staff. County staff will notify the Contractor of meeting dates at least 30 days in advance.

**Reporting Requirements. Contractor will:**

Provide the County with quarterly data for the following measures:

- a) Outcome measures for activities proposed in Attachment A-1
- b) Summarized results of any surveys completed
- c) Other results related to the evidence-based practice model

**Kinship Caregivers Support and Navigation Services**

The purpose of this RFP is to provide supportive services to Kinship caregivers throughout Solano County. This RFP supports strategy #4. The selected contractor will:

1. Provide community-based family support services throughout Solano County to relative caregivers and the children living in their homes who may be at-risk of dependency or delinquency as well as children who may have been placed in their home by the juvenile court.
2. Provide post permanency services to relative caregivers who have become the legal guardian or adoptive parent of formerly dependent children.
3. Using an evidence-based model provide supportive and resource navigation services to relative caregivers so that the family can remain together and to prevent the child's entry into the child welfare or juvenile probation foster care system. Services provided can include, but are not limited to the following:
  - a. Individual needs assessment
  - b. Case management
  - c. Tutoring for children and youth
  - d. Recreation activities and peer support for children and youth
  - e. Peer support groups for caregivers, coupled with assistance and information on caregiver stress, depression, grief and loss
  - f. Parenting and child development education, and assistance with child behavior problems
  - g. Respite for caregivers
  - h. Inform and activate advocacy/systems navigation to support children's education
  - i. Mental Health assessment and counseling for children, caregivers, and the family
  - j. Legal assistance related to permanency, e.g., guardianship, adoption
  - k. Information on options and eligibility for financial support
  - l. Furniture, clothing, and food
  - m. Transportation to participate in services and activities
  - n. Assistance with public agencies
  - o. If the child or youth is involved with the child welfare or juvenile probation system, the Contractor will work cooperatively with County staff to support the service plan and objectives
4. Maintain a centralized facility to be located in either Fairfield or Vallejo, but ensure services are available throughout the County and, to the extent practicable and appropriate, in relative caregivers' homes.
5. Conduct outreach efforts to kin caregivers whose children are currently not part of the dependency or juvenile probation foster care system.
6. Provide culturally and linguistically appropriate services.
7. Strive to serve the greatest number of kin caregivers in the most efficient manner possible. The program should leverage resources by coordinating and building on existing services for kin caregivers and their children, and by collaborating with organizations already offering services to this population.

**In-Home Mental Health Services for Youth and Families**

**Contract Description:**

The purpose of this contract is to provide intensive home-based services for families involved with Child Welfare Services (CWS) and Juvenile Probation to address the children's and families' short- and long-term behavioral health care needs. This service shall be for the entire family. The service shall include an assessment of the children, parents, and family resulting in an appropriate treatment plan that is based on the assessed need and congruent with the CWS or Juvenile Probation case plan. These services must promote permanency for children and youths. These in-home services must use evidence-based models or promising practices, be family centered and culturally and linguistically competent.

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**Work Activities. Contractor will:**

1. Provide an evidence-based or promising practice program model for intensive home-based mental health services that will also address issues related to anger management, domestic violence, parenting relationships, and substance abuse.
2. Ensure that services provided are for clients referred from either CWS or Juvenile Probation staff. Referral forms shall be faxed to the provider with necessary information agreed upon between County and Contractor.
3. Once a child and family are referred, the Contractor shall have 10 business days to review the referral packet and schedule an appointment with the client. The initial face-to-face meeting with the client will occur within 20 calendar days of the initial referral and shall take place in the client's normal living environment.
4. Maintain a log to document dates of contact and appointments for referred families.
5. Conduct a comprehensive assessment for all referred clients and their families within 30 days of face-to-face contact with the client/family.
6. Develop a written treatment plan within 21 days of completing the assessment. The plan shall be based on the findings of the assessment and involves, to the fullest extent possible, the meaningful and active participation of the person or family served.
7. Review and update the client's treatment plans no less than once every 6 months and more frequently if there is a significant change or event occurs so indicates.
8. Provide a copy of the treatment plan for each client and family to the County referring Social Worker or Juvenile Probation Officer, within 45 days of the client's referral to the program.
9. When children are placed into out-of-home care, the Contractor shall work with the assigned County Social Worker or Juvenile Probation Officer to plan for the maintenance, resumption or termination of parental responsibility and prepare the child for one of the following alternatives:
  - a) Return to the home;
  - b) Adoption;
  - c) Another family-like permanent living arrangement; or
  - d) Independent living, as appropriate to the service plan.
10. Coordinate care with other service providers when appropriate and with the consent of the person served, including prescribing physicians, when person served indicates they are receiving services or medication from other providers.
11. Prepare monthly written summary reports and provide to the current CWS worker or Juvenile Probation Officer by the 10<sup>th</sup> of the month following services.

12. Ensure that termination of service is an orderly process and that discharge planning begins at intake. Additionally, the Contractor shall jointly plan for termination or discharge with the client and family. In general, cases shall be terminated when the client or family:
    - a) Achieves the service goals or is otherwise ready to discontinue service;
    - b) No longer wants the Contractor's service;
    - c) No longer meets eligibility criteria;
    - d) Refuses to meet program standards or requirements;
    - e) Has needs that exceed organizational resources; or
    - f) The court terminates jurisdiction.
  13. Notify County referring Social Worker or Juvenile Probation Officer within 24 hours if client, family, or Contractor terminates services. Within 30 days of termination or discharge, the Contractor shall develop a closing summary, enter it into the client's case record and submit a copy to the County referring Social Worker or Juvenile Probation Officer. The summary shall include, but is not limited to the following:
    - a) Recommendations for any needed future services; and
    - b) Assignment of aftercare responsibilities, when indicated in the service plan.
  14. Assign staff to participate in Team Decision Making Meeting (TDM's), Permanency Team Meeting (PTM's), or Meeting to Assess Permanency (MAP) as needed and requested by County staff.
  15. Provide staff to attend quarterly contractors meeting with county staff. County staff will notify the Contractor of meeting dates at least 30 days in advance.
- 

**Reporting Requirements. Contractor will:**

Provide the County with quarterly data for the following measures:

- a) Outcome measures for activities proposed in Attachment A-1
- b) Summarized results of any surveys completed
- c) Other results related to the evidence-based practice model

## **Adoption Promotion and Support Services**

The purpose of this RFP is to provide adoption promotion and supportive services to potential, prospective and adoptive families. This RFP supports strategy #3 (adoption support).

1. Provide an evidence-based program to promote and provide support to children and adoptive families to nurture lifetime commitments.
2. Provide services to the following targeted population:
  - a. Children with an alternative permanent plan of adoption for whom adoption recruitment efforts are underway.
  - b. Children in long term foster care that could benefit from a more permanent plan of adoption.
  - c. Children who are hesitant about being adopted.
  - d. Families involved in the adoption process including pre-adoption activities and the adoption home study.
  - e. Children and families in need of support and services before, during and following adoptive placement.
  - f. Families in need of support services due to risk of adoption disruption after adoption finalization.
  - g. Families adopting a sibling group.
3. Ensure that all services are provided to children less than eighteen years of age and only to those children and families referred by their Child Welfare Services Adoptions Social Worker.
4. Ensure permanency for children to expedite the adoption process, and to reduce disruption of adoption.
5. Provide case management services and ensure a service plan designed to strengthen and preserve the family for families primarily focused or concerned about an adoption-related issue.
6. Ensure that parents and children are empowered through information, support, and skills to be involved partners in directing their own permanency planning and decision making.
7. Provide referrals for linkage to services that can include childcare, health care, and mental health, physical and developmental services, Regional Center Services, educational, special education, substitute adult role model, income support, respite services, and transportation services.
8. Develop a mentoring program for potential adoptive families utilizing professionals and/or current adoptive families.
9. Provide training for adopting families on relevant adoption topics, .e.g., relatives raising children, trans-racial adoption, specialized parenting techniques.
10. Provide for individual, family, and/or group counseling as needed for adoptive families, i.e., families who are in a match or placement with a child. Counselors will be therapists with expertise in adoption clinical issues, i.e., "adoption competent".
11. Provide linguistically and culturally competent services.



Service Description for Memorandum of Understanding to be developed between Solano County H&SS' CWS and Substance Abuse divisions.

Targeted population: CWS parents in need of outpatient substance abuse treatment and Title IV-E eligible Probation youth.

Services to be provided: Assessment of client's substance abuse history; outpatient treatment

Description: Solano County H&SS provides comprehensive substance abuse treatment services to County residents, regardless of insurance. However, for those clients not eligible for a dedicated funding source such as Drug Medi-Cal or AB109, the wait for outpatient treatment can be as long as 6 weeks. Although brief intervention groups are offered during this wait, for CWS parents and eligible Probation youth, this wait may not be feasible. With this agreement, it is the County's intent to secure immediate treatment for eligible clients after an assessment and treatment plan has been authorized based on their needs. These services will be provided by contracted community based organizations through the substance abuse division. While the clients are receiving treatment, they will remain on the wait list for a funded slot and transfer to that funding source when it is available.

### **CAPC Members**

- Louise Harris, Chair
- Willie Graham, Vice Chair
- Becky Cruz, Secretary
- Debbi Davis
- Yolanda Bonomo
- Pam Dixon
- Susan Dolan
- Dottie Fair
- William Hausler
- Francis Ho
- Gene Horst
- Mitch Mashburn
- Denise McBride
- Maria Moses
- Pat Nicodemus
- Linda Orrante
- David Paulson
- Dorothy Bryant Steel